### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2913 CERTIFICATE OF DEATH

02874

P. PLACE OF PEARM   C. COUNT   Baltimore   MARYLAND   2. USUAL RESIDENCE (PWIner deceased lived. If institution Residence before admission)   0. STATE   MARY   And   C. COUNT (P. TOWN) (if outlide corporate limits, write   1.0 STATE	-										
RUAL and give negrets lown   Cathonsville   19 days   Baltimore   3 Vol. 44    d. ANAM OF HOSPITAL (if not in hospital, give street oddress)   4.33 West Hills Road   0.18 ESPENDENCE    3. NAME OF HOSPITAL   19.33 West Hills Road   0.18 ESPENDENCE    5. SEX   First   Middle   Lost   0.28 ESPENDENCE    6. COLOR OR RACE   7. MARRIED   NONCED   February   2. 1885   0.28 (in years)   19.00    5. SEX   6. COLOR OR RACE   7. MARRIED   NONCED   February   2. 1885   0.28 (in years)   19.00    6. SEX   Minite	1.		Baltimore		MARYLANE	a. STATE				pefare admi	issian)
Catons ville  d. NAME OF NOWED TATE HOSPITAL  3 NAME OF DECEASED  (ROVE STATE HOSPITAL  3 NAME OF DECEASED  (ROVE STATE HOSPITAL  3 NAME OF DECEASED  (ROVE STATE HOSPITAL  4933 West Hills Road  4 DATE  (ROVE STATE HOSPITAL  4933 West Hills Road  4 DATE  (ROVE STATE HOSPITAL  5 NACE (In year)   Full UNDER 1 YEAR   FUNDER 21 HES.  5 SEX  6 COLOR OR RACE (7 MARRIED)   NEVER MARRIED   NEVER MARRIED		b. CITY OR TOWN (IF	f autside carparate limits,	write c. LEN	NGTH OF STAY IN 18	c. CITY OR TOWN	If autside carpor	ate limits, write R	URAL and give	nearest ta	wn)
d. SARKE OPERS.    A. SARKE OF EAST   S. SEX   S. COLOR OR RACE   T. MARRIED   NOVER MARRIED   NOVER THE PROPERTY IN COLOR OR RACE   T. MARRIED   NOVER MARRIE				1	9 days	Baltimor	·		.31	VO1,	4
NAME OF COLOR OF RACE   7. MARRIED   NEVER MARRIED   DATE OF BIRTH   NICONAL   18   19   18   19   19   18   19   19		d. NAME OF HOSPITA		street address						e. IS RI	ESIDENCE
DECEASED (1) Jennie Katherine Addison    DEATH   March   18   1960   196		SPRING GRO	VE STATE	HOSPITA	L	4933 West	Hills I	Road			
5. SEX female White Whit	3.	NAME OF DECEASED	First				OF				
100. USUAL OCCUPATION (Give kind of work done   100. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote or foreign country)   12.CITIZEN OF WHAT COUNTRY?   10. BIRTHPLACE (Stote or foreign country)   12.CITIZEN OF WHAT COUNTRY?   10. BIRTHPLACE (Stote or foreign country)   12.CITIZEN OF WHAT COUNTRY?   10. BIRTHPLACE (Stote or foreign country)   12.CITIZEN OF WHAT COUNTRY?   10. BIRTHPLACE (Stote or foreign country)   12.CITIZEN OF WHAT COUNTRY?   10. BIRTHPLACE (Stote or foreign country)   12.CITIZEN OF WHAT COUNTRY?   10. BIRTHPLACE (Stote or foreign country)   12.CITIZEN OF WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?   13. MANDE FORES?   16. SOCIAL SECURITY NO.   INFORMANT   15. WAS DECASED EVER IN U. S. ARMED FORES?   16. SOCIAL SECURITY NO.   INFORMANT   16. COUNTRY?   16. SOCIAL SECURITY NO.   INFORMANT   16. COUNTRY?   16. SOCIAL SECURITY NO.   16. SOCI	L						n DEATH	Mar	ch 1	.8	1960
The control of the	S.	SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years			
ATTION OF STATE HOSPITAL  13. FATHER; MAME 13. FATHER; MAME 13. FATHER; MAME 13. FATHER; MAME 14. MOTHER'S MADEN NAME 15. WAS DECEASED FVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH [Enter only one couse per line for (e). (b). and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (e). (b). and (c).]  19. PART I. DEATH WAS CAUSED BY: 19. PART I. DEATH WAS CAUSED BY: 19. OLD TO 19. Canditions, if any, which 19. Que rise to immediate couse (a), storing the under line of the underline couse (a), storing the under line of the underline couse (b), storing the under line of the underline couse (c), storing the under line of the underline of the underline couse (c), storing the under line of the underline of the underlin	1_	female	white "	IDOWED 🔀	DIVORCED [	February 2	, 1885		Monnis Day	ys Hours	s Min.
Nous ewife	10	a. USUAL OCCUPATIO	N (Give kind of work dar	ne 10b. KIND (	OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (St	ate ar foreign co	untry)	12. CITIZEN	OF WHAT	COUNTRY?
13. FATHER'S MAME  UNITARIES OF STATE  UNITARIES OF STATE  UNITARIES OF STATE  UNITARIES OF STATE  IS. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  OUE TO  Conditions, if any, which gove rise to immediate couse per line for (a), (b), and (c).]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 19. WAS AUTOPSY PERFORMEDY YES NO CONTRIBUTING CAUSE OF DEATH (c)  OR CONTRIBUTING CAUSE OF DEATH (b) of work and work a				At. 1	40 M	Maryla	nd		U. S	. A.	
S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Cache	13		11 1	P.098				1-14-1			-,,
The county		11/6/10	moun-	000.		Unlmown	MANIE	Ent	1007		
B. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSES BY INMEDIATE CAUSE (c).   Arteriosclerotic cardiovascular disease   INTERVAL BETWEEN MAKEDIATE CAUSE (d).   Arteriosclerotic cardiovascular disease   INTERVAL BETWEEN MAKEDIATE CAUSE (d).   Arteriosclerotic cardiovascular disease   INTERVAL BETWEEN MOSET AND DEATH YEARS   MAKEDIATE CAUSE (d).   Arteriosclerotic cardiovascular disease   INTERVAL BETWEEN MOSET AND DEATH YEARS   MAKEDIATE CAUSE (d).   Arteriosclerotic cardiovascular disease   INTERVAL BETWEEN MOSET AND DEATH YEARS   MAKEDIATE CAUSE (d).   Arteriosclerotic cardiovascular disease   INTERVAL BETWEEN MOSET AND DEATH YEARS   MAKEDIATE CAUSE (d).   Arteriosclerotic cardiovascular disease   INTERVAL BETWEEN MOSET AND DEATH YEARS   MAKEDIATE CAUSE (d).   Arteriosclerotic cardiovascular disease   INTERVAL BETWEEN MOSET AND DEATH YEARS   MAKEDIATE CAUSE (d).   Arteriosclerotic cardiovascular disease   INTERVAL BETWEEN MOSET AND DEATH YEARS   MAKEDIATE CAUSE (d).   Arteriosclerotic cardiovascular disease   INTERVAL BETWEEN MOSET AND DEATH YEARS   MAKEDIATE CAUSE (d).   Arteriosclerotic cardiovascular disease   INTERVAL BETWEEN MOSET AND DEATH YEARS   MAKEDIATE CAUSE (d).   INTERVAL BETWEEN MOSET AND DEATH YEARS   INTERVAL BETWEEN DEATH YEARS   INTERVAL BETWEEN DEATH YEARS   INTERVAL BETWEEN DEATH YEARS   INTERVAL					L SECURITY NO.	INFORMANT	- Janey	Adde	ress		
PART I. DEATH WAS CAUSED BY DUE TO Canditions, if any, which gave rise to immediate couse (a), storing the under lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DECONTRIBUTING CAUSE OF DEATH (IF ETHERK, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING AUTOPSY PERFORMED? YES NO DECONTRIBUTING CAUSE OF DEATH (IF ETHERK, NOTIFY MEDICAL EXAMINER)  20b. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While It work of twork of work of work of work of work of work of work.  21. I certify that I attended the deceased fram Feb. 29 , 19.60, to March 18 , 19.60, that I last saw the deceased alive an March 18 , 19.60, and that death accurred at 1:20p M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE Subject to the part of the part o	[7	I VIII	If yes, give war or dates of servi	Unlene	MONE R	ecords: SPRIN	G GROVE	E STATE	HOSPI	TAL	
MAREDIATE CAUSE (p)   Arteriosclerotic cardiovascular disease   Years				per line for (	a), (b), and (c).]	6 TO A					
Canditions, if any, which gave rise to immediate cause (a), stating the under lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DEATH (IF EITHER, NOTHER MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED while at work of an work of a work of state of the causes and on the date stated davove.  21. I certify that I attended the deceased from Feb. 29 , 19.60, to March 18 , 19.60 that I last saw the deceased alive an March 18 , 19.60 , and that death accurred at 1:20P.M, from the causes and on the date stated davove.  ACTUAL SIGNATURE States Wachsler, M. D. SPRING GROVE STATE HOSP ITAL 3-18-60  PHYSICAL Wachsler, M. D. Gatons ville 28, Maryland  22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. DATE DATE SIGNATURE  22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. DATE SIGNATURE  24b. RECIDENT REPORTS SIGNATURE  25c. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. DATE OF THE NAME (Trye) State SIGNATURE ADDRESS (Street, City or four, state) State Address and Addre		PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Arte	riosclerot	cic cardiovas	cular di	sease			
gove rise to immediate cause (a), stating the under lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DOCUMENT OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED while of outwark of work of advance of alive an March 18 19 of work of a work		422	DUE TO								-15
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO    20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. TIME OF INJURY Month, Day, Year while at wark   19 while at wark   19 work while at wark   19 on and that death accurred at 1:20P M, fram the causes and on the date stated abave.  ACTUAL SIGNATURE   Stella Wachsler   M.D.   SPRING GROVE STATE   HOSPITAL 3-18-60  PHYSICIAN'S NAME (Type)   Stella Wachsler   22c. NAME OF CEMETERY OR CREMATORY   22d. IOCATION (City, town, or county)   (State)    27a. BURIAL, CREMATION, 27b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. IOCATION (City, town, or county)   (State)    27a. BURIAL, CREMATION, 27b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. IOCATION (City, town, or caunty)   (State)   3 - 18 - 60   3 - 18 -		Canditians, if an	ny, which ) (b)	Gene	ralized ar	terioscleros:	is. seve	re		vear	8
Jying cause last.   Cc    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO   20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)   Cause of Death (If Either, NOTIFY MEDICAL EXAMINER)   20c. TIME OF INJURY Manth, Day, Year While at wark   Not while of wark   Not was altered to the temporary of the part I or Part II of item 1B.)   Catonsy in Part I or Part II of item 1B.)   (Caunty)   (State)   Catonsy in Part I or Part II of item 1B.)   (Caunty)   (State)   Catonsy in Part I or Part II of item 1B.)   (Caunty)   (State)   Catonsy in Part I or Part II of item 1B.)   (Caunty)   (State)   (Caunty)   (State)   (Caunty)   (State)   (Caunty)   (Caunty)   (State)   (Caunty)   (Caunty)   (State)   (Caunty)   (Caunty)   (Caunty)   (State)   (Caunty)   (Ca			nmediate (								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark of two while at wark of two work of the deceased fram Feb. 29 1960, to March 18, 1960, that I last saw the deceased alive an March 18 1960, and that death accurred at 1:20p M, fram the causes and on the date stated above.  ACTUAL SIGNATURE Stella Wachsler, M. D. SPRING GROVE STATE HOSPITAL 3-18-60  PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. Gatons ville 28, Maryland  220. BURIAL, CREMATION, 72b. DATE THEREOF 72c. NAME OF CEMETERY OR CREMATORY 72d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  240. REC'D BY REGISTRAR 24b. REGISTRAR 24b. REGISTRAR'S SIGNATURE	П										
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark of two while at wark of two work of the deceased from Feb. 29 1960, to March 18 1960, that I last saw the deceased alive an March 18 1960, and that death accurred at 1:20p M, from the causes and on the date stated above.  ACTUAL SIGNATURE Stella Wachsler, M. D. SPRING GROVE STATE HOSPITAL 3-18-60  PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. Gatons ville 28, Maryland  220. BURIAL, CREMATION, 720. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 221. LOCATION (City, town, or county) (State)  23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	Z	PART II. OTH		IONS CONTRI	BUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(c	19. WAS	SAUTOPSY
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark of two while at wark of two wark of two wark of two warks of twarks of two warks of two warks of two warks of two warks of two w	Y										
20c. TIME OF INJURY Manth, Day, Year 19 20d. INJURY OCCURRED While at wark 20d. INJURY OCCURRED While at wark 20d. INJURY OCCURRED While at wark 20d. INJURY (Hame, farm, factory, street, affice bldg., etc.)  21. I certify that I attended the deceased fram Feb. 29 , 19 60, ta March 18 , 19 60, that I last saw the deceased alive an March 18 , 19 60 , and that death accurred at 1:20p M, fram the causes and on the date stated above.  ADDRESS (Street, city ar tawn, state)  ACTUAL SIGNATURE Stella Wachsler, M. D. SPRING GROVE STATE HOSPITAL 3-18-60  PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. Gatons ville 28, Maryland  22a. BURIAL, CREMATION, 19 DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, tawn, or county) (State)  22a. BURIAL, CREMATION, 18 DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, tawn, or county) (State)  22a. BUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR 24b. REGISTRAR'S SIGNATURE	CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE H	HOW INJURY OCCUR	RED. (Enter nature of injury	in Part I ar Part	II af item 18.)			
21. I certify that I attended the deceased fram Feb. 29 , 1960, to March 18 , 1960, that I last saw the deceased alive an March 18 , 1960, and that death accurred at 1:20p M, fram the causes and on the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  ACTUAL SIGNATURE  M.D. SPRING GROVE STATE HOSPITAL 3-18-60  PHYSICIAN'S NAME (Type)  Stella Wachsler, M.D. Gatons ville 28, Maryland  220. BURIAL CREMATION, PEMOVAL (Specify)  221. DATE THEREOF  222. NAME OF CEMETERY OR CREMATORY  PEMOVAL (Specify)  232. EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				20d INTURY	OCCURRED 20e.	PLACE OF INJURY (Hame, f	arm. 20f. (City	ar tawn)	1Caur	ntv1	(State)
21. I certify that I attended the deceased fram Feb. 29 , 1960, to March 18 , 1960, that I last saw the deceased alive an March 18 , 1960, and that death accurred at 1:20p M, fram the causes and on the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  ACTUAL SIGNATURE  M.D. SPRING GROVE STATE HOSPITAL 3-18-60  PHYSICIAN'S NAME (Type)  Stella Wachsler, M.D. Gatons ville 28, Maryland  220. BURIAL CREMATION, PEMOVAL (Specify)  221. DATE THEREOF  222. NAME OF CEMETERY OR CREMATORY  PEMOVAL (Specify)  232. EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	EDIC	Haur a.m.		While N	lat while			ar rawn,	(Cuoii	"71	(sidie)
alive an March 18 , 19 60 , and that death accurred at 1:20p M, from the causes and on the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  ACTUAL SIGNATURE  M.D. SPRING GROVE STATE HOSPITAL 3-18-60  PHYSICIAN'S NAME (Type)  Stella Wachsler, M.D. Catons ville 28, Maryland  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY  EMOVAL (Specify)  JAN 200 (State)  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	×					/^	36	10 (0			
ACTUAL SIGNATURE SULLA WACUSER M.D. SPRING GROVE STATE HOSPITAL 3-18-60  PHYSICIAN'S NAME (Type) Stella Wachsler, M.D. Gatons ville 28, Maryland  220. BURIAL, CREMATION, PEMOVAL (Specify) 3/21/60 ADDRESS (Street, city or town, storle) DATE SIGNED  ADDRESS (Street, city or town, storle) DATE SIGNATURE  M.D. SPRING GROVE STATE HOSPITAL 3-18-60  Catons ville 28, Maryland  220. LOCATION (City, town, or county) (Storle)  221. EUNERAL DIRECTOR'S SIGNATURE  ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							March .	10 , 1900,	that I last s	saw the	deceased
ACTUAL SIGNATURE SULLA WACKSEY M.D. SPRING GROVE STATE HOSPITAL 3-18-60  PHYSICIAN'S NAME (Type) Stella Wachsler, M.D. Gatons ville 28, Maryland  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, town, or county) (State)  23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		alive an	larch 18	19 60	_, and that dea	th accurred at 1:20	P_M, fram t	he causes an	d on the de	ate state	ed abave.
PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. Gatons ville 28, Maryland  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, town, or county) (State)  23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			0 (.)	~ . l. 1	20 2		ADDRESS (Str	eet, city ar tawn,	state)		
NAME (Type) Stella Wachsler, M. D. Gatonsville 28, Maryland  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, town, or county) (State)  23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			Sulla W	cuse	er	M.D. SPRINC	GROVE	STATE H	OSPITAL	3-1	8-60
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, town, or county) (State)  23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			Stella Wach	sler, M	4. D.	Catons	ville 2	8. Maryl	and		
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE	22		N, 226. DATE THEREOF	22c.	NAME OF CEMETERY					(Str	ate)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	1	19	1.7/22/1	10/	audan	MADK	1/2	to N	10/		
1 1 11 · 2 1 · 1 · 1 · C · (V   MAD 2 2 100	23		SIGNATURE	A	ADDRESS	24o. R	EC'D BY REGISTE	RAR 24b. REGIS	STRAR'S SIGNA	TURE	
LI TOTAL TILLED TO A COLOR TOTAL TOTAL DATE THE CONTROL TILLED	1	1.19.11	Wihhert.	-1.700	Cutal	DATE		00	Inthus & s	Hama	

requires that the death certificate be executed within 24 haurs after death. Page 4 filled in by the funeral director ages 1 and 2 should be filed with for use as the burial-transit permit. Then please remave carban pay cremotion, ar removal, and in any event within 72 haurs ofter death ospitol or ottending physicion. It this certificote has been signed by the ottending physicion on: TO HOSPITAL OR ATTENDING PHYSICIAN: The law registror priar to burial, UNERAL DIRECTOR: VS A15 (4) 1SM 9/SB

TO STATISTICAL E

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VS. A15ME(5) 5M 9/55 M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2915 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02876

Reg. Dist. No.

o. COUNTY Ballimo	ore	MARYLAND	o. STATE Mar	E (Where deceased lived. If In yland b. cou		before odmission) ce George			
b. CITY OR TOWN (If outside corporate and give nearest town)	limits, write RURAL	c. LENGTH OF STAY IN 16		(If autside corporate limits, w		re nearest town)			
Catonsville		8yr4mth22dys	Hyattsville, Maryland 1661.2						
d. NAME OF HOSPITAL OR INSTIT	UTION (If not in hos	pital, give street address)	d. STREET ADDRES	S		e. IS RESIDENCE ON A FARM?			
SPRING GROVE S'	TATE HOSP	ITAL	5405 -	35th Avenue	18.2	YES NO			
3. NAME OF DECEASED (Type or print)	Fini Eudora	Middle Thomas	Anderson	4. DATE MOF DEATH	South D	9 19 60			
5. SEX 6. COLOR C	R RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year fast birthday)					
female white	WIDOWED	DIVORCED [	November 11	" Daa / / a	yrs. Months Day	s Hours Min.			
10a. USUAL OCCUPATION (Give kind during most of warking life, even if	af work dane 10b. K retired)	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (S			OF WHAT COUNTRY?			
none 13. FATHER'S NAME			14. MOTHER'S MAIDE	ngton, D. C.	U.S.	A .			
David Ande:		SOCIAL SECURITY NO. 17.	INFORMANT	a Thomas					
Yes, no, or unknown) (If yes, give wor	or dates of service)					STATEMENT			
unknown			ecords: SP	RING GROVE S		SPITAL			
18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUS IMMEDIATE C	ED BY:	acusto	Carde	u Faile	ue 6	NTERVAL BETWEEN PASET AND DEATH			
Conditions, if any, which	DUE TO  (c)	Saide	un ly	las disea	w				
3 applica	he ca	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CONDITION	GIVEN IN PART 1(c	1) 19. WAS AUTOPSY PERFORMED? YES NO			
	20b. DESCRIBE unable	towalk. compl	aining of p	Port I or Port II of item 18.) C ain in left le rac. of left f	g. X-ray	pt. was four revealed			
Hour a. m.	Day, Year 20d. II While	NJURY OCCURRED 20e. PL	CE OF INJURY (Home, I lary, street, office bldg., Spital	arm, 20f. (City or town)	(County)				
21. I certify that I taak	charge of the r	emains described ab	ove, held an Auto	psy , Inspection [	Inquiry	and find that			
death resulted from: No	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause  ACTUAL								
EXAMINER'S NAME (Type) GOO		effer, M. D.	DEPUTY MEDIC	DICAL EXAMINER AL EXAMINER	Wel,	19 60			
BEAQUAL Specify) 3/22		Fort Lincoln		Colmar "an	or, Md.	(Stale)			
23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's So		ADDRESS	24a. R	EC'D BY REGISTRAR 24b. R	EGISTRAR'S SIGNA Chilhury & 1				

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		State Charles
		THE OWNER OF THE OWNER.
		Manager and a
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		A FREE PART
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VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH

	2	914	CERTI	FIC	ATE OF DEAT	TH		Reg. Di	st. No.		487	
1. PLACE OF DEATH	timore		MARY	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY							
b. CITY OR TOWN (	f outside carparate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (	If autside carp	orate limits, write R	URAL and	give nec	rest fowr	n)	
RURAL and give no					Baltimor	0			311	01-	4	
OR INSTITUTION	At (If not in hospital, the Pines		address)		d. STREET ADDRESS		ve.				FARM?	
3. NAME OF DECEASED (Type or print)	Fi MARI	rst	Middle M •		Lost ANDERSEN	4. DATE OF DEATE	Mar 4 M	ar.	Do	у	Year 19 60	
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	ED [7]	B. DATE OF BIRTH		9. AGE (In years	IF UNDER	IYEAR			
Female	White	WIDOW			Jan. 21. 1	876	last birthday)	Manths	Days	Haurs	Min.	
10a. USUAL OCCUPATION during most of worl Housewif	cing life, even if refired	done 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (SM	ate ar fareign	country)	12. CI		knov	COUNTR	
3. FATHER'S NAME				0.0	14. MOTHER'S MAIDE	N NAME						
unknown					unknown	M.	arum					
S. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOI (If yes, give wor or dates of	CES? 16.	social security no		NFORMANT Ir. Nicholas	Ander	Add son = 323		ftor	Ave	2	
Canditians, if a gove rise to i cause (a), stating lying cause last.	ny, which (the mmediate the under-	Bel	itis sel	er.	200 - 1	Hyre	Tensie	C.V.	3	no	0	
ZATICATICATICATICATICATICATICATICATICATIC					NOT RELATED TO THE TEL		•	'EN IN PAR	T 1(a) 1	PERFC	AUTOPSY PRMED?	
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injury	in Part I or Pa	rt II of item 18.)					
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	ar 20d. II While of wor		20e. PL fo	ACE OF INJURY (Home, fo ctary, street, affice bldg.,	efc.)	ly or tawn)	((	County)		(State)	
21. I certify the clive on	at I attended the	deceas , 19 C	4	death			m the causes of Street, city or town,	and on the stole)	ke do	te state	ed abov	
200 BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	3/4/60	)F	22c. NAME OF CEMI				odlawn.			(Stat	e)	
23 FUNERAL DIRECTOR'	SSIGNATURE	0 1	ADDRESS -	Ba		EC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIG		E		

No. of Section 1 THE RESIDENCE OF THE PARTY OF T

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

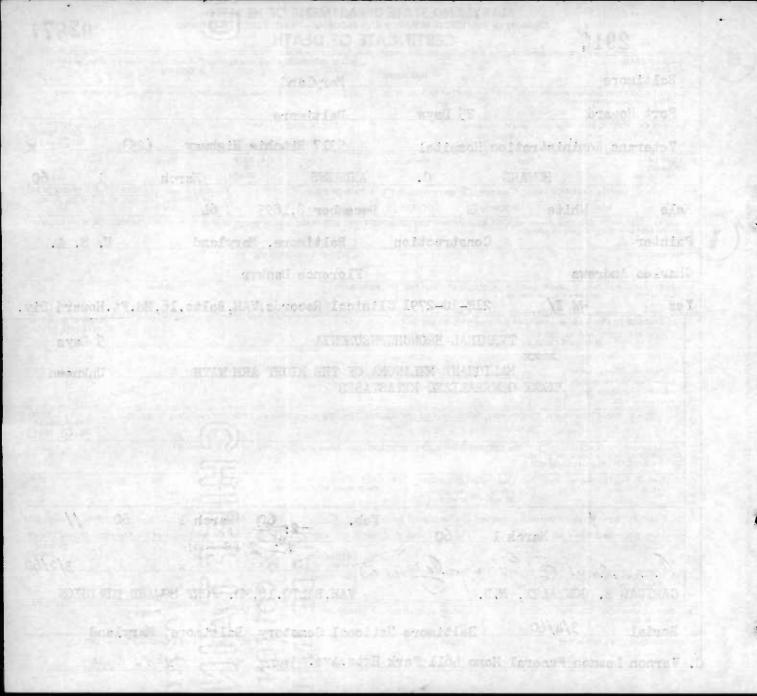
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~ ~ ~	Ite	m 7	Film C250 3	11/60 1 WK							
1. PLACE OF DEATH	CO PAGE NO.			2. USUAL RESIDENCE (V	Where deceased		n: Residence	e before admission)			
Baltimor	e		MARYLAND	Maryland		b. COUNTY		a.a. V			
b. CITY OR TOWN (	If outside corporate limit	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		rote limits, write RL	JRAL ond gi	ve nearest town)			
Fort How			25 Davs	Baltimore 02 X-2							
d. NAME OF HOSPIT	TAL (If not in hospital, gi	ve street		d STREET ADDRESS							
OR INSTITUTION	A dead and subsect		77	5317 Rit	obio Wi	abream	(25)	ON A FARM?			
3. NAME OF	Administra		Middle		4. DATE	Moni	1421				
DECEASED (Type or print)	HOWA		C.	ANDREWS	OF DEATH	March	n	1 1960			
5. SEX	6. COLOR OR RACE	7. MARR	IED A NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		YEAR IF UNDER 24 HR			
Male	White	WIDOWI	D DIVORCED	December 8.1	895	6h yrs.	Months	Doys Hours Min.			
10a. USUAL OCCUPATIO	ON (Give kind of work d	one 10b.	KIND OF BUSINESS OR INDU			ountry)	12. CITIZ	EN OF WHAT COUNTRY			
Painter	king life, even if retired)		Construction	Baltimor	A Marri	band		U. S. A.			
13. FATHER'S NAME			Jonsof acoton	14. MOTHER'S MAIDEN		Land		U. U. A.			
Charles An	dmorre			Florence D	an lean						
	R IN U. S. ARMED FOR	TES2 14	SOCIAL SECURITY NO. 17.1	Florence D	anker	Addr	220				
(Yes, no, or unknown)	(If yes, give war or dates of se	rvice)									
Yes	WW I/		218-10-2791   C1	inical kecor	ds, VAH,	Balto IG	Md.Ft				
	ATH [Enter only one car	use per li	ne for (o), (b), and (c).]					INTERVAL BETWEEN			
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	TER	MINAL BRONCHOP	NEUMONILA				5 Days			
1491x	TO THE OWN										
Conditions, if o	ny, which )	MAT.	IGNANT MELANOM	A OF THE RIG	HT ARM	איידע		Unknown			
gove rise to i	mmediate VXVXX		ERALIZED METAS		AMA AMANA	II do do AA		DIRITORIT			
lying couse lost.	the under-	GIA	MUNICIPAL LIGITAD	INDEA							
	HER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. WAS AUTOPS			
PART II. OTI	TER STOTAL TEATT COTA	31110143	SONIKIO IN DEALIT DO	THO REDATED TO THE TE	WILLIAM DISEAS	e continuon on		PERFORMED?			
	AS UNIDERWING TO	201 DEC	CRIRE HOW IN HIRV OCCURRE	D 45 A	in Dank Lan Pag	t II of item 19 t		YES NO			
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	D. (Enter noture of injury	in ron i or ror	r II of Item 16.j					
ZOc. TIME OF INJUIT	RY Month, Doy, Yea	r 20d. II		ACE OF INJURY (Home, fo		or lown)	(Co	ounty) (Stot			
Hour o.m.	19	While of wor	Not write	ctory, street, office bldg.,	erc.)						
		-					1060	1 . 4.1.			
			led the deceased fram.		G 1			), that (1) (we) la			
saw the deceo	sed olive an Man	ch-l-	19_60 , and that	death occurred at	M, from	the causes on	d an the	dote stoted obave			
220. SIGNATURE	6	1	1	ATTENDING _	MED.	STAFF _		22b. DATE SIGNE			
1	1.16	to	male 7/41	M.D. PHYS.	DIRECTOR	PHYS.		3/2/6			
NAME (Type)	10.1	10	100	22d. ADDRESS	A 100 miles						
CARIDAD	E. GONZALEZ	, M.I		VAH, BALTO	.18,MD.	FORT HOW	JARD I	IVISION			
23a. BURIAL, CREMATIC REMOVAL (Specify	- 1. 11-	F	23c. NAME OF CEMETERY C		1	TION (City, town, o	or county)	(Stote)			
Burial	3/4/60		Baltimore Na	tional Cemet	ery Ba	ltimore,	Maryl				
24. FUNERAL DIRECTOR			ADDRESS		EC'D BY REGIST	RAR 25b. REGIS	STRAR'S SIG	NATURE			
C. Vernon L	emmon Funer	al Ho	ome 4611 Park	Hgts.Ave. DATE	AR 7 '60	arth	wa 8. H	raus			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VR A15 (4) 1SM 9/59



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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2904

**CERTIFICATE OF DEATH** 

								Kag. Dist.	140.	
1. PLACE OF DEATH o. COUNTY Ba	alto.		MARYL		o. STATE Md.	nere deceased	lived. If instituti b. COUNTY			mission)
b. CITY OR TOWN (If a RURAL and give near	outside corporate limits rest tawn)	, write c	LENGTH OF STAY IN		c. CITY OR TOWN (IF o	outside corpore	ote limits, write R	URAL ond give	nearest to	own)
d. NAME OF HOSPITAL OR INSTITUTION	. (If not in hospital, giv	ve street ad	dress)		d. STREET ADDRESS	. 1			e. IS	RESIDENCE N A FARM?
1316 Franc	cis Ave.				1316 Franci	s Ave.				□ NO □
3. NAME OF DECEASED (Type or print)	First		Middle ELIZABE'	rh	ARINGTON	4. DATE OF DEATH	Mon	ith	Doy 7.	Year 19 60
			NEVER MARRIED	-	ATE OF BIRTH	9	AGE (In years last birthdoy)	IF UNDER 1 Y		NDER 24 HRS.
female	1127,2,00	WIDOWED	_	- 1 1	pril 7, 188		71 yrs.		,	
10a. USUAL OCCUPATION during most of working Practical N	g life, even if refired)		ND OF BUSINESS OR		Virgini		entry)	12. CITIZE	N OF WH	fat Countr
13. FATHER'S NAME	141 50 (1 04)		orr omproj		4. MOTHER'S MAIDEN N					
James E. Ar	rington				Rachel Mati		snik			
15. WAS DECEASED EVER I	N U. S. ARMED FORC		CIAL SECURITY NO.	17. INFO	RMANT		Add	ress		
no				Mrs	. Edna Mein	hardt .	- 1316 F	rancis	Ave.	
18. CAUSE OF DEATH	I [Enter only one cou WAS CAUSED BY: MMEDIATE CAUSE (o)	se per line	for (o), (b), and (c).]	asc	ular a	ecci	dent			BETWEEN ND DEATH
33/X Conditions, if ony	DUE TO	Esc	sential	va	scular 1	hype	rtens	ion	.ye	ara
gove rise to immore couse (o), stating the lying couse lost.		1	Brond	lop	neumo	mic				
ICATI		ITIONS CO	NTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TERM!	NAL DISEASE	CONDITION GIV	EN IN PART 1(	PER	AS AUTOPSY REORMED?
200. ACCIDENT WAS OR CONTRIBUTING [	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	POb. DESCRI	BE HOW INJURY OC	CURRED. (E	nter noture of injury in I	Port I or Port I	l of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	20d. INJU While of work [	URY OCCURRED 2: Nat while of work	0e. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	, 20f. (City o	er tawn)	(Cour	nty)	(Stote)
21. I certify that olive an	lattended the darch 7	deceased , 19_4	fram. Free and that de limits m	9-26 leath oc M.D.		2M, from ADDRESS (Sire	7, 1966 the couses of the couses of the city or town.	that I las and an the stote 3	dote st	ated above
PHYSICIAN'S NAME (Type)										
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	3/12/60		Loudon Pa	ery or cr rk Ce	2-000		to. Md.	or county)	(S	late)
23. FUNERAL DIRECTOR'S S	IN AMEN	- 7.	Lous - 16	Bald		BY REGISTRA	AR 24b. REGIS	STRAR'S SIGNA		

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2917 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(12879) Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	a. STATE MD:	b. COUNTY BALT	
b. CITY OR TOWN (If outside corporate limits, write RUI and give nearest form)  NORTH BROOK		c. CITY OR TOWN (If outside corporate li	mits, write RURAL and g	
d. NAME OF HOSPITAL OR INSTITUTION (IF no 7750 GOUGH S	it in hospital, give street address)	1 d. STREET ADDRESS GOUGH	ELLOSED WAS	4. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  LESTA	Middle ER LCUIS	AYERS DEATH	Month MARCH	Day Year 17, 1960
5. SEX 6. COLOR OR RACE 7. WHITE W	MARRIED NEVER MARRIED 8.	DATE OF BIRTH  JAN. 6, 1908  9. AGE loat bi 5	(In years IF UNDER 1) 2 yrs. IF UNDER 1) 4 Manths Do	YEAR IF UNDER 24 HRS.  TOYS Haurs Min.
13. FATHER'S NAME	106. KIND OF BUSINESS OR INDUSTRI REVERE BRASS AYERS	BALTIMORE, M		N OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCE: (161. no, or unknown) (161 yes, give war ar dates of service)	4	FORMANT ONA AYERS	Address SAME	
18. CAUSE OF DEATH [Enter only one cause p PART I. DEATH WAS CAUSED BY:   MMEDIATE CAUSE (a)     153.9 DUE TO   Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last. (c)	A Bowel C	me hes t.		INTERVAL BETWEEN ONSET AND DEATH ONE OF THE O
PART II. OTHER SIGNIFICANT CONDITION	ONS <u>CONTRIBUTING TO DEATH</u> BUT N	OT RELATED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1	PERFORMED?
	ESCRIBE HOW INJURY OCCURRED. (Er	nter noture of injury in Part I ar Port II of item	18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19	20d. INJURY OCCURRED While Not while of wark all work	E OF INJURY (Hame, farm, 20f. (City or tawn ry, street, office bldg., etc.)	n) (Cauni	ly) (State)
21. I certify that I took charge of death resulted from: Notural countries of the signature			ion All Inquiry mined cause .	and find that
EXAMINER'S SACK C	Collins	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER		3-17-60
	60 OAK LAWN		ity, town, or county) TERN BLUD	: BALTO.CO., MD.
23. FUNERAL DIRECTOR'S SIGNATURE 401	S. CONKLING ST. BALTO, 24, MD	240. REC'D BY REGISTRAR DATE MAR 2 1 '60	246. REGISTRAR'S SIGN	

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VS. A15ME(5) 5M 9/55

or removal.

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#### **CERTIFICATE OF DEATH**

L	A020				Keg. Di	st. No.					
Ī	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla:	ere deceased lived, nd b	If institution: Resident COUNTY Balt	ce before od	lmission)				
Г	b. CITY OR TOWN (If outside carporate limits, write BURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate lim	its, write RURAL and	give neorest t	town)				
L	Edgeme re	35 yrs.	X Edgeme	re							
	d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Res. 2407 Estelle Av	enue	d. STREET ADDRESS	stelle A	venue	01	RESIDENCE IN A FARM?				
3		Middle	lost Baker	4. DATE OF	Month	Doy	Year 19 60				
63	SEX 6. COLOR OR RACE 7. MARR WIDOWE	IED NEVER MARRIED	B. DATE OF BIRTH	. last			INDER 24 HRS.				
1	Oa. USUAL OCCUPATION (Give kind of work done 10b.  Ret. Assmbly. Work	Rheem Mfg.				J.S.A	HAT COUNTRY?				
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME							
	Gaston		Irene	Fyock							
1		19-03-4982 1	Mr. Doyle Ke	elly 192	Address 28 Cedar	Lane	22, M				
	18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (a), (b), and (c).]	franctis	- u		INTERVAL ONSET A	L BETWEEN AND DEATH				
	Canditians, if any, which)  DUE TO  (b)	umina Cerr	if			3	y.				
	gove rise to immediate couse (a), stating the <u>under-lying cause last.</u> DUE TO  (c)	couse (a), stating the under-									
TO LA DISTANCIO	PART II. OTHER SIGNIFICANT CONDITIONS C					PE	AS AUTOPSY REFORMED?				
		TRIBE HOW INJURY OCCURRE	D. (Enter nature at injury in P	art I ar Part II of it	em 18.)						
A DICE	C 20c, TIME OF INJURY Month, Day, Year 20d, IN Haur a. m. 19 of work	Not while for	ACE OF INJURY (Hame, farm, ctory, streel, affice bldg., etc.	20f. (City or tawn	n) ((	County)	(State)				
	21. I certify that I attended the decease alive on	1	occurred at // A.	/ /							
1	PHYSICIAN'S Ja mes J. Me	ans									
2	Burya (pocify)  Burya (pocify)  Mar. 21, 60	Moreland Me		22d. LOCATION (C	ty, tawn, ar county)  AVE.	Md.	State)				
2.	JOHN J. DUDA 7922 Wis	ADDRESS e Ave. 22.	Md . DATE	RY PEGISTRAR	24b. REGISTRAR'S SIC	1 / 1					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 illed in by the funeral director, es 1 and 2 should be filed with K may be retained by the haspital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and contained in the standard of VS A15 (4) 15M 10/57

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VS A1S (4) 1SM 9/SB

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Think 24 Hours dilet decili. Lage 4		Ited in by the funeral director,	Poges 1 and 2 shauld be filed with	
ICIAN: The law requires that the death certificate be executed within 24 hauts after death. Tage 4	1	ertificate has been signed by the attending physician and so let lifed in by the funeral director,	Then please remave carbon papers.	on or remayal, and in any event within 72 haurs offer death.
CAN Ine Ide requires in	attending physician.	rtificate has been signed by	as the burial-transit permit.	an, or remayal, and in any

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

	Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)     5. COUNTY
Baltimore MARYLAND	Md. Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rural Rockdale	X Rockdale, Baltimore 7.Md.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES [] NO []
	3502 St. James Road YES NO
3. NAME OF First Middle DECEASED (Type or print) Jacob A B	tost 4. DATE Month Doy Year OF DEATH March 3. 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	Aug. 2.1887   lost birthdoy)   Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)  Tailor & Furrier Retired	Baltimore .Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Baumann	Justina Daa
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Baltimore 7, Md.
(Yes, no, or unknown) (If yes, give war ar dates of service) NO NONE 215-32-0571	Mr. Lewis Baumann. 3502 St. James Rd.
18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: ONOR /	KIAMBOSIS - ONSET AND DEATH
1/20 / DUE TO //	i 1 1 - 1 1
TOUR MARCHANIA	Cill +110010 ( Contral
Conditions, if ony, which gove rise to immediate	L'V'avrence Chiena
couse (o), stoting the under DUE TO	Tunnic .
lying couse lost. (c) Was will de	ent-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO N
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. While Not while	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)   20f. (City or town) (County) (Stote)
1. H.	80 map 2 60
21. I certify that I attended the deceased fram	, 1909, ta MARS 3, 190, that I last saw the deceased
alive an MAR 3	ith accurred at M. A.M., from the causes and an the date stated above
1 1 2 12	ADDRESS (Street Petry or town, store) DATE SIGNED
ACTUAL Hangey / ///1008les	- Dan Pallotter Led 3/5-160
SIGNATURE COMMENTER	M.D. Maracella John July 5/5/40
PHYSICIAN'S THOMAS E. WHEELER	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Rurial March 7.1960 Lorraine	Park Cemetery Woodlawn Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
J. 10 0 10 10 11/1/1	:/// ~
Transc 1 1 Laver 1 (Klass	DATE MAR 8 '60 Crithur & Thomas

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an execute the certificate, writing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to S DEPUTY MEDICAL EXAMINER: Into certificate shows to execute the certificate, white the world in the certificate, white the world "pending" in pendi in them 18. Give Pages 1, 2, and 3 thould be forwarded white Chile Medical Examiner's Office along with farm PM3. Paging JNERAL DIRECTOR:

1. 3 should be used as a burial-transit permit. File pages 1 as a wing designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours.

VS. A15ME 5M 2/57 OK

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2920 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02883

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLAN	O. STATE	ESIDENCE (V		d lived. If insti- b. COUN		nce before o	odmission)°
b. CITY OR TOWN (If and give negrest fown)	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 1	b c. CITY C	R TOWN (	f outside corp	orote limits, writ	e RURAL ond	give neores	t town)
	ws Point				Balti	more			3V01,	4.
d. NAME OF HOSPITA	AL OR INSTITUTION (	ff not in hosp	pitol, give street address)	d. STREET	ADDRESS		41-44			S RESIDENCE
Bethle	hem Steel	Compan	y Dispensary		4612	Kavon .	Ave.			NO D
3. NAME OF DECEASED (Type or print)	Fir Stew		Middle T	Bea	n n	4. DATE OF DEATH	Mon 3		Doy 2	Yeor 1960
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIR	TH		9. AGE (In years	IF UNDER	YEAR IF U	NDER 24 HRS.
Male	White	WIDOWED		Sept. 6		2	67 yrs.		Days Hou	rs Min.
Hot str	g life, even if retired)	done 10b. K	Steel	USTRY 11. BIRTHI	PLACE (Stote	or foreign co	ountry)		I.S.A.	IAT COUNTRY
13. FATHER'S NAME				14. MOTHER	S MAIDEN I	NAME				
John				?		1000				
	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	. INFORMANT			Addres			
No.				Mrs. Ele	eanora	Bean	4612 Kar	ron Ave	3.	
PART 1, DEAT	TH [Enter only one county one cou	10.	or (0), (b), and (c).	Oce.	lus	in			INTERVAL BI	DEATH .
Conditions, if or gave rise to immed (a), stating the cause lost.	liote cause									
ICATIO		dancer	NTRIBUTING TO DEATH BU					IVEN IN PART		RFORMED?
	ATRIBUTING []		HOW INJURY OCCURRED							
20c. TIME OF INJUS Hour a.m. p. m.	RY Month, Day, Ye	While		PLACE OF INJURY octory, street, officers	(Hame, form ce bldg., etc	n, 20f. (City )	or town)	(Cou	nly)	(State)
21. I certify th	at I took charge	e of the r	emoins described of	bove, held a	n Autops	y 🔲, İn	spection [	Inquiry	y Q	and in my
opinion death	() (1)	Natural co	ouses 4. Acciden	t [], Suici	de 🔲,	Homicide	, Undet	ermined m		
ACTUAL SIGNATURE	ien	accu		M.D. CHIEF	MEDICAL E	XAMINER [			DA	TE SIGNED
EXAMINER'S NAME (Type)	JACK C	Col	lins			EXAMINER Z	_		3-	2-60
220. BURIAL, CREMATIO REMOVAL (Specify) BULLAL	3/5/60	OF	22c. NAME OF CEMETERY O				ION (City, lown,		(:	Slote)
23. FUNERAL DIRECTOR			ADDRESS		240. REC	D BY REGISTR		ISTRAR'S SIG	NATURE	
Ullrich F	uneral Hom	e 4210	Belair Road		DATEMA	R 3 '60	) a	Thung & 9	4	
								A	Mana	

HOR STATE

# FOR STATE HEALTH DEPT DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in flem, 18. Give Pages 1, 2, and 3 to the funeral director. Page hould be farwarded the Chief Medical Examiner's Office along with form PM3. Por find a retained far your files. UNERAL DIRECTOR 6 3 shoeld be used as a burial-transit permit. File pages 1 c. C. where State Baard of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. M

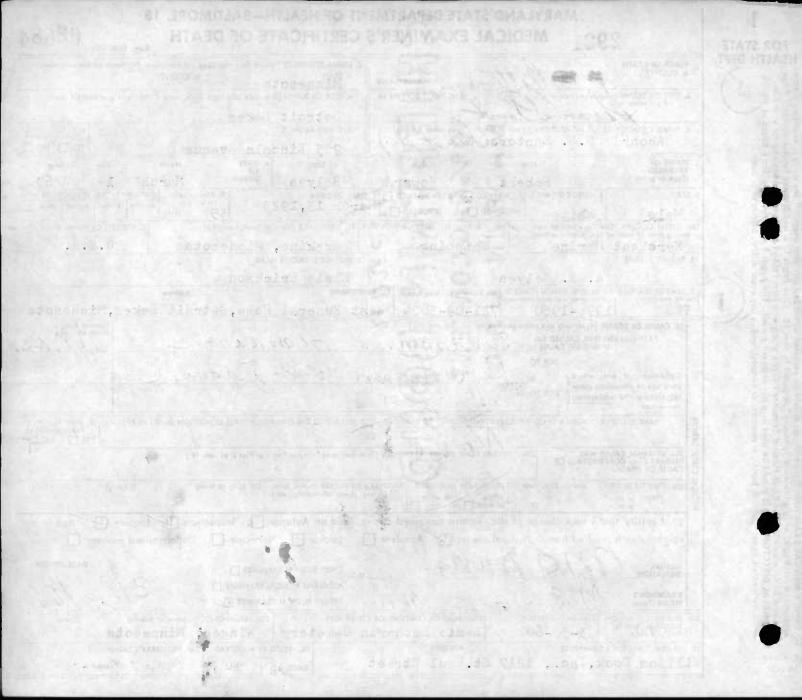
0 VS. AJ5ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2921

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

D	Dist	Ma	02884
Reg.	Dist.	No.	

ſ.		PLACE OF DEATH	At See /	the	MARYL	AND	2. USUAL RESIDER			sed lived. If ins b. COU		dence be	fare adm	issian)
	b	ond give negrest town	outside carporate limits, write	FURAL C.	LENGTH OF STAY IF		c. CITY OR TO	MM (II	f autside cor	porate limits, wr	ite RURAL o	nd give n	earest ta	wn)
/	d	Aboard	AL OR INSTITUTION (III S.S. San			(ك)	d. STREET ADD	RESS				60	ON	ESIDENCE A FARM?
1	2 0	NAME OF	-1			1		inc	oln A				-	
		DECEASED (Type or print)	Rob	ert	Middle Howar	d	Belye	a	4. DATE OF DEATH		arch	Doy 14		960
	5. S	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED		I M	arch 13,	192	25	9. AGE (In years fost birthday)	Manths	R TYEAR Days	Hours	ER 24 HRS. Min.
	10o.	luring most of working	ON (Give kind of work of glife, even if retired)		of Business OR IF	NDUSTI				esota	12. CI		S.A.	COUNTRY?
	13.	Merchant FATHER'S NAME	Marine	DII.	rbbrug		14. MOTHER'S MAI			esota		0.1	o.A.	
			A. E. Bel	TAR			Elsie							
			R IN U. S. ARMED FOR	Martin Townson	CIAL SECURITY NO.	17. IN	FORMANT	77. 7	CABOII	Addr	031			
	/	(ES	1948-1950	721-	-09-3804	We	st Funer	al	Home,	Detroit	Lake	s, M	inne	sota
			TH [Enter only one cau	se per line for (	(a), (b), and (c).		. 11			,		INTE	RVAL BETW	MN
			H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Jub	FR Achi	Voi	d He	me	ORKI	hAGE			114	1KS
		443	X DUE TO	1)	7		. 1	. ,	7		A.			
		Conditions, if or		HU	perlen	sy	1 (-	V-	201	lsens	1			
		gove rise to immed (o), sloting the u		//										
		couse lost.	) (c).											
0	CATION	PART II, OTH	ER SIGNIFICANT CON	DITIONS CONTI	RIBUTING TO DEATH	BOTAL	OT RELATED TO THE	ETERM	INAL DISEAS	E CONDITION	GIVEN IN PA		9. WAS PERFO YES T	AUTOPSY PRMED?
	CERTIFIC	200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIBE HE	W WIR COURT	RED. (E	nter noture of injury	in Por	t I ar Part II	of item 18.)				
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While	Not while	e. PLAC	E OF INJURY (Hamiry, street, office bld	e, form	n, 20f. (Cit)	y or town)	(C	ounty)		(State)
		21. I certify th	at I toak charge	af the rem	ains described	abay	re, held an Au	staps	y 🔲 , I	nspection [	Inqu	iry 4	an	d in my
		opinion death	resulted fram: N	Natural cau	ses D. Accide	ent [	], Suicide [	],	Hamicide	. Unde	termined	manne	er 🗌	
1		ACTUAL SIGNATURE	1110	Du	vr		_M.D. CHIEF MEDI	4			5	1	DATE S	IGNED /
X		EXAMINER'S NAME (Type)	M.B.	DAVI	is mi	D.	ASSISTANT /				3/	120	8/	60
		BURIAL, CREMATION REMOVAL	3-30-60		emia Luth			ry		TION (City, town			(Slot	•)
	23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		240	. REC'	D BY REGIST	RAR 24b. RE	GISTRAR'S S	GNATU	RE	
	Wi	Illiam Co	ok, Inc., 1	217 St	.Paul Str	eet	DA	TEAP	R 1 '6	0   a	other S.	Krau	a	



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2922

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02885

	30.00				Reg. Dist. No.
PLACE OF DEATH	1			Where deceased lived. If insti	tution: Residence before admission)
	Baltimore	MARYLAND	o. STATE Md.	b. COUN	Balto.
	V (If outside corporate limits, write #U	RAL C. LENGTH OF STAY IN 16		outside corporate limits, writ	te RURAL and give nearest town)
Randall		in transit	X Pikesvill		
		ot in hospital, give street address)	d. STREET ADDRESS	6-0	e, IS RESIDENCE
Liber	ty Road		Box 283-	Route 7	ON A FARM? YES NO P
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mon	nth Day Year
(Type or print)	RICHARD	GLEN	BENNETT	DEATH March	18 19 60
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	IFUNDER TYEAR IF UNDER 24 HRS
Male	White w	IDOWED DIVORCED	Oct. 18, 19	14   lost birthdoyl 45 yrs.	Months Days Hours Min.
IOa. USUAL OCCUPA	ATION (Give kind of work don	10b. KIND OF BUSINESS OR INDUS	TRY   11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY
Pipe fitt	rking life, even if retired)	Ship Building	Keyser, W		U.S.A.
13. FATHER'S NAME		Ship ballaing	14. MOTHER'S MAIDEN		U.S.A.
William					
	EVER IN U. S. ARMED FORCE		Zula B. W		
(Yes, no, or unknown)	(If yes, give war or dates of servi	cel	NFORMANT	Addres	
no		216-12-0132 Mrs	. Helen Ostr	ow,5510 Park I	Hts.Ave., Balto. 15,
18. CAUSE OF D	EATH [Enter only one cause	per line for (o), (b), ond (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. D	EATH WAS CAUSED BY:	Communited fractur	e of right k	nee Fracture	
81=					
Conditions, if	1111	left femur, Multip	le tractures	or the bernis	5,
gove rise to im	mediate cause	Fractured skull			
(o), stoting th					
couse lost.	) (c)				
PART II.	DIHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	IVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
3	none				YES NO
PART II. (	CAUSE WAS	DESCRIBE HOW INJURY OCCURRED.		t I or Port II of item 18.)	
	CONTRIBUTING	Struck by autor	nobile		
20c. TIME OF IN	JURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	, 20f. (City or town)	(County) (Stote)
THOUT NOW	Mar. 18 1960	While Not while foc	tory, street, office bldg., etc.	)	n, Balto., Md.
		the remains described abo	· ·		, Inquiry X, and find tha
death result	ed fram: Natural cau	uses , Accident x, Su	icide [], Homicide	Undetermined	cause .
	0 -				
SIGNATURE	2. D. Can	ples	M.D. CHIEF MEDICAL EX	KAMINER 🗌	DATE SIGNED
	//		ASSISTANT MEDIC	AL EXAMINER	
EXAMINER'S NAME (Type)	D. D. CAPLES	5. M. D.	DEPUTY MEDICAL	EXAMINER [7]	3-19-60
	TION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town,	
REMOVAL (Spec	ify)				
Burial  3. FUNERAL DIRECT	3-23-60	Queens Point		Keyser, W. V	
				IAD 2 2 100	ISTRAR'S SIGNATURE
rorring By	ers, 0/20 Libe	rty Rd., Randallst	own, Md. DATE	MI = 6 00	Tolling S. Kraus

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any delay is necessory, please executed the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be routed to the Chief March Sal Examiner's Office along with farm PM3. Page 5 may be referred for the chief March Sal Examiner's Office along with farm PM3. Page 5 may be referred for this contribution of the back of the contribution of the VS. A15ME(S) 5M 9/55

or removal

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is an a property of comment of the property and the property of the comment of th
The statement of the Court of t
A production of sounds
many resident and the control of the

FRAL DIRECTOR: After a certificate has been signed by the attending physician and coppege 3 should be detached use as the burial-transit permit. Then please remove corban parties State Board of Health prior to burial, cremation, or removal, and in any event, within 72 have

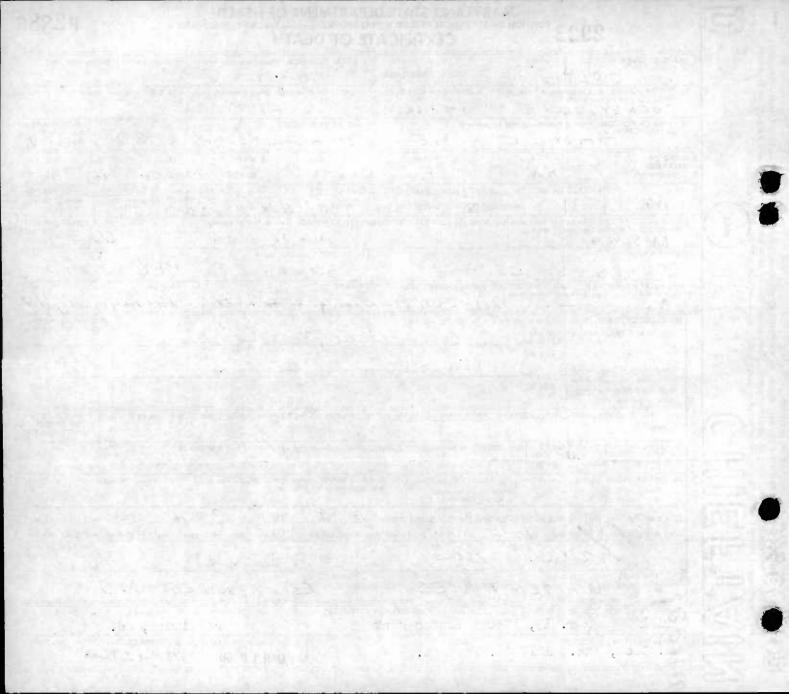
VR A15 (4) 15M 9/59

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

0288	5
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		GERTINION	TIE OI DENT			
1. PLACE OF DE a. COUNTY	BALTIMOR	E MARYLAND		Where deceased lived.		nce befare admission)
RURAL and	DWN (If autside carporate limits, write give nearest tawn) KEYS UILLE	c. LENGTH OF STAY IN 16	12.	I (If autside carporate lin		give nearest tawn) 3 VO1, 4
d. NAME OF OR INSTITU	HOSPITAL (If nat in hospital, give street JTION A SOWIC	address) HOME	d. STREET ADDRE	ss LDFREDER	ICK RI	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print	First	Middle P	BEVANS	4. DATE OF DEATH	Month MARCH	Day Year 1960
5. SEX	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	871 9. AG	E (In years   IF UNDER   birthday)   Manths	PAR IF UNDER 24 HR Days Haurs Min.
during mast	CUPATION (Give kind af wark dane 10b of warking life, even if retired)	KIND OF BUSINESS OR IND		State or foreign country) $RYLAND$	12.CIT	U.S
13. FATHER'S NA		VANS	14. MOTHER'S MAIL		PEOL	1221
15. WAS DECEAS (Yes, no, or unknown		SOCIAL SECURITY NO. 17.	Then X.	Amitt)	Address Coche	ywill, Wy
	OF DEATH [Enter only one cause per I I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(c). [arterio	Ocherote	e Card	lis	INTERVAL BETWEEN ONSET AND DEATH
gave rise cause (a),	s, if any, which ta immediate stating the under-	Varcul	n De	elaie		2 years
Iying caus PART  OIL OIL OR CONTRI OIL OIL OIL OIL OIL OIL OIL OIL OIL OI	II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE	TERMINAL DISEASE CON	DITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPS' PERFORMED? YES NO
	ENT WAS UNDERLYING (20b. DES BUTING (20use of Death NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature af inju	ry in Part I ar Part II af	item 18.)	
20c. TIME OI Haur		Nat while	PLACE OF INJURY (Hame, actary, street, affice bldg		vn) (	(Caunty) (State
	fy that (1) (this haspital) attendeceosed afive on 3-16	ded the deceased fram	1-19 deoth accurred of			e date stated obove
22a. SIGNA	rure halter T.	1-	M.D. ATTENDING D		AFF YS.	3/16/6 O. DATE SIGNE
22c. PHYSIC NAME		r. KEES	22d. ADDRESS	CKEYSVI	LLE, M	D.
230. BURIAL, CR BEMOYATI		23c. NAME OF CEMETERY Loudon Par			City, tawn, or county) Ltimore, M	(State)
24. FUNERAL DIE	ector's signature ook, Inc. 1217 St	. Paul St.		REC'D BY REGISTRAR E MAR 1 8 '60	25b. REGISTRAR'S SI	

DATE MAR 1 8 '60



MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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112.287

			2924	CERTIFIC	ATE OF D	EATH		Reg. Dist. No	
	PLACE OF DEATH o. COUNTY	Balte.		MARYLAND	a. STATE	ENCE (Where decease	b. COUNTY	Residence before	
	RURAL and give		limits, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outside corp	porate limits, write RI		
	OR INSTITUTION	ITAL (If not in hospite		oddress)	d. STREET AL	latown DDRESS lackstone	Road		e. IS RESIDENCE ON A FARM?
	NAME OF DECEASED (Type or print)	Am	First	Middle	Last		Mon		
5.	SEX	6. COLOR OR RA	CE 7. MAR	RIED ANGUETA	Bi shep B. DATE OF BIRTH	1872	9. AGE (In years lost birthday)	IF UNDER 1 YEAR Months Doys	19 60 IF UNDER 24 HRS. Hours Min.
100	during most of wo	ION (Give kind of working life, even if retiew)	ork done 10b	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLA	ACE (State or foreign		12. CITIZEN C	DF WHAT COUNTRY?
			eider		14. MOTHER'S	MAIDEN NAME			
{Ye	WAS DECEASED EV is, no. or unknown)	ER IN U. S. ARMED I (If yes, give wor or doles 申本本申本申	of service)		informant	ick W. Bis	Addr shop 3611		ne Road
	Canditions, if gave rise to cause (a), stoting lying cause last	the under-	TO (b) TO (c)	elial Vase rughized c	W. du	lease + 1	lenal ta	reluse :	ser and DEATH.
MEDICAL CERTIFICATION			0	CONTRIBUTION TO DEATH BU				EN IN PART 1(o)	PERFORMED?
CERTIF	OR CONTRIBUTING	AS UNDERLYING DEA G CAUSE OF DEA Y MEDICAL EXAMINE	TH R)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of	injury in Port I or Po	ort II of item 18.)		
MEDICA	20c. TIME OF INJU Hour a.m. p.m.		Year 20d. I While at wo	Not while	PLACE OF INJURY (H factory, street, office	ome, form, 20f. (Ci bldg., etc.)	ty or town)	(County)	(Stote)
	21. I certify to alive an Macroscopic Signature Signature Physician's NAME (Type)	hat I attended to April 4	E. C.	Leelly	м.д. 360		om the causes a Street, city or town, s	nd an the da	te stated abave.  DATE SIGNED
220	BURIAL, CREMATION REMOVAL (Specify Burial	ON, 22b. DATE THE	REOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOC/	ATION (City, town, o	r county)	(State)
23.	FUNERAL DIRECTO		-	ADDRESS		240. REC'D BY REGIS	STRAR 24b, REGIS	TRAR'S SIGNATUL	RE

Burial 3/17/60
23. FUNERAL DIRECTOR'S SIGNATURE

8728 Liberty Road

Pandallston, Md.

24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
DATE MAR 2 3 '60 Confirm 9 45

Colley S. Krous

Randallstown, Md.

VS A15 (4) 15M 10/57

HIASU TO ENACHMEND IT AND R \* of Sad Drome volskosis Lio Lytoka Bischutone Bond P 411 -14 -02 was a con To serie here been erederseld lict code to an aminter and Jane water to the Manager Control of the Control of th Western William P.

# MARYLAND STATE DEPARTMENT OF HEALTH 2925 CERTIFICATE OF DEATH

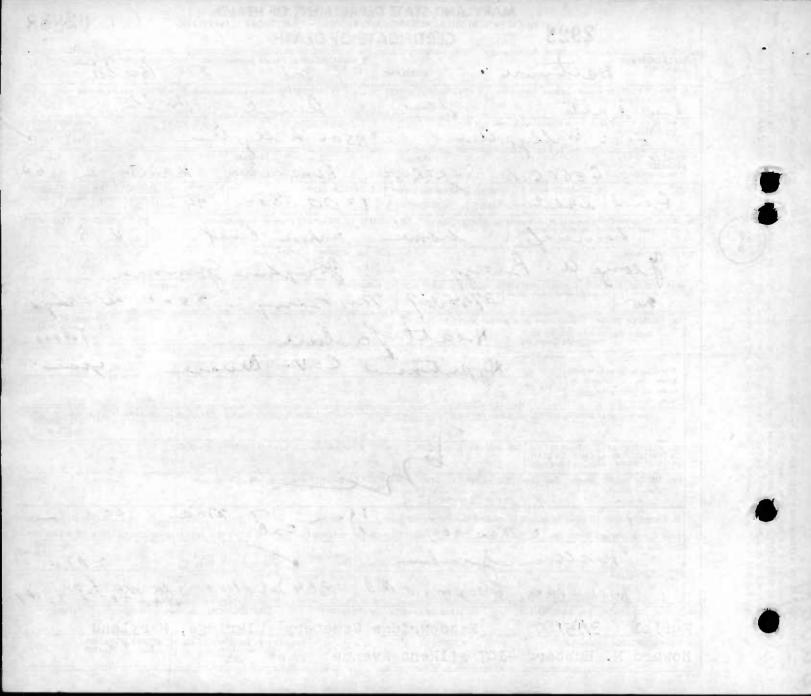
1. F	COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY of all	before admission)
Ł	C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURA) and give	re nearest tawn)
L.	S. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  5504 Wally Clar	5506 Willy au	e. IS RESIDENCE ON A FARM? YES NO
1	NAME OF Prest Middle DECEASED Type or print)  GEORGIA  GEORGIA  GEORGIA	BLACK DEATH MARCH	Day Year 2 19 6 2
S. S	Fend 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED		YEAR IF UNDER 24 HRS Days Haurs Min.
100.	USUAL OCCUPATION (Give kind of work done during most of yorking life, even if retired)	USTRY 11. BIRTHPLACE (Stote or foreign country)  Whom buil	EN OF WHAT COUNTRY?
13.	florge a . Bragg	14. MOTHER'S MAIDEN NAME	
	WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	My Berry ~ 550 C	Vally
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Parline	INTERVAL BETWEEN ONSET, AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the under-	e C-V- desiane	year.
	lying cause last. (c)		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW NJURY OCCURR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.  19  20d. INJURY OCCURRED While Nat while at wark at wark	PLACE OF INJURY (Home, form, 20f. (City ar tawn) (Ca actory, treet, office bidg., etc.)	unty) (State)
	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 12 may 1960, and that	death accurred at 30 M, from the causes and an the	that (I) (we) last date stated above.
	22a. SIGNATURE William Joselman	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) WILLIAM GOODMAN, M	1 1334 SULPHUR SPRING	KOND M
-	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 3/5/60 Meadowride		(State)
24.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  LOWARD H. Hubbard 4107 Wilkens A	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 10 VR A15 (4) 1SM 9/59

page 3 should be detoched the State Board af Health priar be retained by the haspite ERAL DIRECTOR: Aft 3 should be detoched

il or attending physician. Is cerificate hos been signed by the attending physician ond use os the burial-transit permit. Then pleose remave capeon to

to buriol, cremotion, ar remaval, and in any event, with



			MA		926	TE DEPARTM				IIMORE, I	Reg. Dist. No	02889
		LACE OF DEATH	Baltimo		7.00	MARYLAND	2. USUAL RESI		here deceased	d lived. If institution b. COUNTY	on: Residence befo	re admission)
	k	. CITY OR TOWN ( RURAL and give n			, write c. LEN	IGTH OF STAY IN 16	c. CITY OR		outside corpo	rate limits, write RI	JRAL ond give ne	arest town)
090	C	I. NAME OF HOSPI OR INSTITUTION	TAL (If not in hosp Armacos	E N	ursing l	Tome	d. STREET		East 1	Belvedere	Avenue	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Type ar print)	Mrs.	First		Middle Walton	Blaney	st	4. DATE OF DEATH	Marc		
	5. S	EX Female	6. COLOR OR F		MARRIED X	NEVER MARRIED   DIVORCED	B. DATE OF BIRT		7	9. AGE (In years last birthday) 811 yrs.	Months Days	IF UNDER 24 HRS Hours Min.
T		USUAL OCCUPATION  during most of war  Saleslady  FATHER'S NAME	rking life, even if n	work do		tment Stor	e Virg	inia		ountry)	USA	WHAT COUNTRY
		David Hut		) FORC	ES? IA SOCIAL	SECURITY NO.	14. MOTHER'S	MAIDEN I		lbert	att	
100	(Yes	No. or unknown	(If yes, give war or da		(acive	0-1		Blane	y, 806	E. Belv		e, Balto,
	CATION	Conditions, if c gave rise to it cause (a), stating lying couse lost.  PART II. OTI	ony, which immediate by the under-	(b)_ UE TO (c)_	ITIONS CONTRIL	enal V	NOT RELATED TO	O THE TERM	INAL DISEAS	Deser Deserver Condition GIV	EN IN PART 1(o)	9 WAS AUTOPSY PERFORMED? PES NO [3]
	CERTIFI	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING OF DI CAUSE OF DI MEDICAL EXAMI	EATH NER)	Ob. DESCRIBE H	OW INJURY OCCURRE	D. (Enter nature o	of injury in	Port I or Por	t II of item 18.)		
	MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day	, Year	While _ N		ACE OF INJURY ctory, street, offic	(Home, form te bldg., etc	n, 20f. (City	or town)	(County)	(State
		21. I certify the alive an MAI	1.1	the o	deceased from 1960	and that death	accurred at	11:45	Do fram ADDRESS (Si	LO, 1%Q, the causes an treet, city or town,	d an the date	the deceased stated above
		PHYSICIAN'S NAME (Type)		F.	0.00	UNELL	7501	1/01	et 1	di Tou	USON 1	MARYLA
2		BURIAL, CREMATIC REMOVAL (Specify Burial	March		1960 Dr	NAME OF CEMETERY O				TION (City, town, cosville,		(State)
())2	23.	FUNERAL DIRECTOR	S'S SIGNATURE		A	DDRESS		24g. REC	D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNATU	

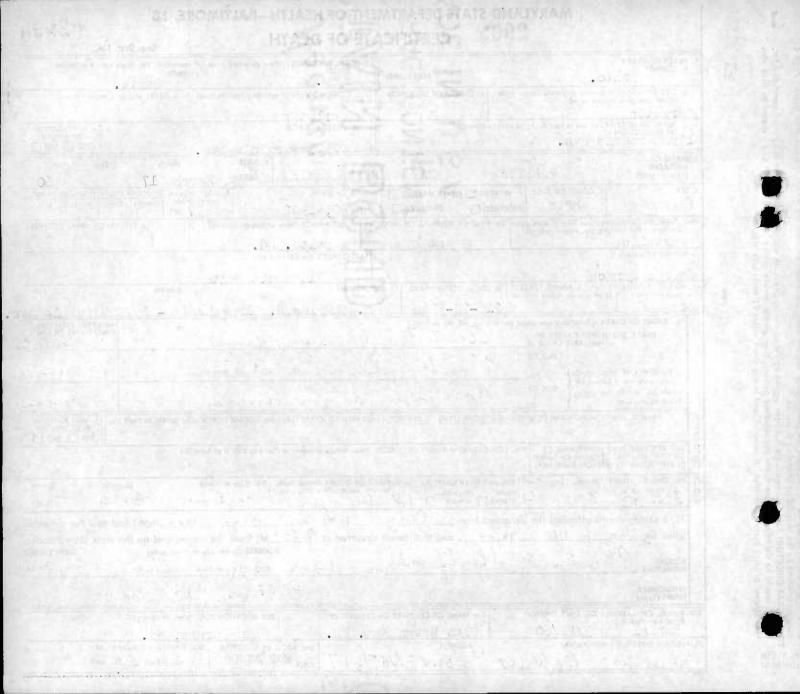
#### SADE CERTIFICATE OF DEATH Y

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MARYLAND STA	TE DEPARTMENT	OF HEALTH-BALTIMOR	E. 18
2905	CEDTIEICATE		

(1289) Reg. Dist. No.

1.	PLACE OF DEATH a COUNTY Balt	0.		MARYLAI		usual res		here decease	d lived. If ins	NTY_	Residence	before adm	issian)
	b. CITY OR TOWN (If RURAL and give new Arbutus	outside carporate lim prest tawn)	its, write	c. LENGTH OF STAY IN	1ь	1	TOWN (If o	autside carpa	rate limits, w			nearest la	wn)
	d. NAME OF HOSPITA OR INSTITUTION 1204 Franci	S Ave.	give street	address)	1	d. STREET	ADDRESS	ginia	Ave.			ON	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	MARI		Middle MAY	BI	ANKENS		4. DATE OF DEATH	Marc	Manth h 1	7	Day	Year 19 60
	sex female	6. COLOR OR RACE white	7. MARI	RIED NEVER MARRIED		ay 2,			9. AGE (In y last birthd			EAR IF UN	DER 24 HRS.
	du. USUAL OCCUPATIO during most of worki HOUS OW! 10 I, FATHER'S NAME	N (Give kind af work ng life, even if retired	dane 10b.	at hom	9	1000	alto.	Md.	auntry)		12. CITIZE	N OF WHA	AT COUNTRY?
115	George Emri			SOCIAL SECURITY NO.	17. INFO	RMANT	Elizab	eth Sr	ni th	Address			
	20	, yez, grie war or oarez or r		16-20-9261	Mr	Char	rles B	Blar	kenshi	n -	2909	Virgi	nia Aw
		H WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  y, which mediate	0	Coroners	bul	en j	fibr	illa	tion			INTERVAL ONSET AN 10 1	
FICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH							N PART 1(	PERF	S AUTOPSY ORMED?
MEDICAL CERTIFI	20c. TIME OF INJURY		or 20d. II		PLACE	OF INJURY	(Home, form	, 20f. (City		.,	(Cou	nty)	(State)
MEC			White at war		Voct		free	Ba	ltimor		73-al	t	md
	olive on Tha	harles T	deceas 19	ed from gare on ond that de	eoth oc		2.64	M, from ADDRESS (SI		es and	an the	date sta	ted abave.  DATE SIGNED  -17-60
	PHYSICIAN'S NAME (Type)						Da	llin	on 2	7	Mid		
22	a. BURIAL, CREMATION REMOVAL (Specify) Burial	3/21/60	)F	Glen Haven					Burni		unty)	(St	ate)
23	EUNERAL DIRECTOR'S	SIGNATURE	uer	How 1	Bat	417	240. REC'	D BY REGIST	RAR 24b.	REGISTRA	R'S SIGN		
-						My	d						



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 927 CERTIFICATE OF DEATH 2927

02891

		4348		CERTI	FICA	TE OF DEA	III		Reg. Dist.	No.	
	PLACE OF DEATH	Bactinene		MARY	LAND	2. USUAL RESIDENCE ( o. STATE	Where deceased	B lived. If institution b. COUNTY	oni Residence	before adm	nission)
	RURAL and give	(If outside corporate lim	ifs, write	c. LENGTH OF STAY	IN 1b	X Balt	(If outside corpor	rote limits, write RI	URAL and giv	e nearest to	wn)
	d. NAME OF HOSP OR INSTITUTION	TTAL (If not in hospitol, I Paradiae	give street of	ng Home		d. STREET ADDRESS	Ja	ckon	84	ON	RESIDENCE LA FARM?
	NAME OF DECEASED (Type or print)	Sadie	rsi	Middle	B	10022	4. DATE OF DEATH	Mon 3		Day 19	19 60
5. 5	F	6. COLOR OR RACE	7. MARRI WIDOWE	D NEVER MARRI		G-2-5	23	9. AGE (In years lost birthday)  yrs.		YEAR IF UN	IDER 24 HRS. rs Min.
10a	USUAL OCCUPAT during most of wo	ION (Give kind of work orking life, even if retired NOME	done 10b. i	KIND OF BUSINESS O	R INDUST	TRY 11. BIRTHPLACE (SI	ote or foreign co	ountry)	12. CITIZ	15a	AT COUNTRY
13.	FATHER'S NAME	20 Sohns	son			14. MOTHER'S MAIDE	-	pylor			
)5.  Ye	WAS DECEASED EV i, no. or unknown)	/ER IN U. S. ARMED FOI (If yes, give wor or doles of	RCES? 16. S	SOCIAL SECURITY NO	), 17. IN	Fomoly	,	S6 M	ress		
		EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1.	e for (0), (b), and (c).	Hic	D. Faile	ve			INTERVAL ONSET AN	BETWEEN ID DEATH
	Conditions, if gove rise to couse (o), stoting	immediate (	Jan	nelizede	arti	rincler	sig			10	32.
ICATION		THER SIGNIFICANT CON		ONTRIBUTING TO DEA	ATH BUT I	NOT RELATED TO THE TE	RMINAL DISEASI	E CONDITION GIV	EN IN PART 1	PER	S AUTOPSY FORMED?
CERTIF	200. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED	. (Enter noture of injury	in Port I or Port	It of item 18.)			
MEDICA	20c. TIME OF INJU Hour o. m. p. m.	10	20d. IN While of work	Not while of work	20e. PLA foct	CE OF INJURY (Home, for ory, street, office bldg.,	arm, 20f. (City etc.)	or town)	(Co	unly)	(Stote)
	21. I certify to alive an STUAL SIGNATURE	that I attended the	decease 196		2- death	, 1939, to accurred at <b>6:</b> F	• M, fram	1 - , 19 60 the causes a reet, city or town, KROBA	nd an the	st saw the date sto	ne deceased ated above DATE SIGNED 19 - 60
	PHYSICIAN'S NAME (Type)	Vilmer K	Ga	llager		Baltin	iare - d	282	Md.		
	BURIAL, CREMATI	" 3-22-	-le0	22c. NAME OF CEMI	ETERY OR	Cem	22d. LOCAT	TON (City, town, of	or county)	mal	tote) ب
	Metulho	Jeneral Ano	013	0 E for	X-0	DATE.	MAR 21	60	-winns &	Tiraus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4 Lihis certificate has been signed by the attending physician and correspondence as the burial-transit permit. Then please remove carbon paremation, ar removal, and in any event within 72 hours ofter death. may be retained by the haspital or attending physician.

NERAL DIRECTOR: After this certificate has been significantly be detached use as the burial-transit. the registrar prior to burial,

illed in by the funeral director, es 1 and 2 should be filed with

TE OF DEATH	CERTIFICA	
	tion to an old of the c	
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and the parties of the first tender of the control		
		Lateral Control
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Vs. A15ME(5) 5M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BA	ALTIMORE,	18
2928 MEDICAL EXAMINER'S CERTIFICATE O	F DEATH	

(12892) Reg. Dist. No.

	1. 5	COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY  BALTO
	Ł	c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  ESSE  **EXEMPLE AND THE RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  546554
(	· ·	1. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 706 MACE AVE	1d. STREET ADDRESS  ON A FARM?  706 MACE AVE  ON A FARM?  YES NO
	-1	NAME OF DECEASED Type or print)  ELIZABETH  Middle  B	LOSS 4. DATE Month Day Year LOSS DEATH MAR. 20 1960
		FEMALE WILTE WIDOWED DIVORCED L	JUNE-7-1887 72 yrs. Months Days Hours Min.
	0	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRUTING MOST OF WORKING LIFE THE HOUSE WIFE THE HOME	11. BIRTHPLACE (Stole or foreign country)  BALTO. MD,  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
	13.	ALBERT WIETSCHER	14. MOTHER'S MAIDEN NAME ANNA MARIE GEIB
1		no, or unknown)   (If yes, give wor or dates of service)	FORMANT Address AS. BLOSS SAME AS. ABOVE
-		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  DUE TO	Acter. Scherosis interval between onset and death 15 grs
	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  (b)  DUE TO  (c)	
)	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
		20a. EXTERNAL CAUSE WAS PRIMARY 🗍 OF CONTRIBUTING 🖟 CAUSE OF DEATH.	oler noture of injury in Part I or Part II of item 18.)
	MEDICAL		E OF INJURY (Home, farm, ry, street, affice bldg., etc.) (City or town) (County) (State)
		21. I certify that taok charge af the remains described above death resulted from: Natural causes Accident . Suice	
		ACTUAL SIGNATURE COLLEGE LES ACCIDENT	ide, Homicide, Undetermined cause  DATE STORYED  M.D. CHIEF MEDICAL EXAMINER
		EXAMINER'S JACK C COLLINS	ASSISTANT MEDICAL EXAMINER D  DEPUTY MEDICAL EXAMINER D  3-20-6.
	220	BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CORNOLARY SPECIFY 3-23-60 BARAGA	PMW BALTO MD.
	23/	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Blvel.	Bello 21 DATE DATE DATE 24b. REGISTRAR'S SIGNATURE Civilian S. Frank

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	1 Pag. 104 (15)		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02893

-	2000	GERTH TOXIL			
1.	PLACE OF DEATH  COUNTY  Butto	MARYLAND 2	o. STATE	eased lived. If institution b. COUNTY	Residence before admission)
	D. CITY OR TOWN (If outside corporate limits, write RURAL and give-nearest town)	c. LENGTH OF STAY IN 16	CITY OR TOWN (If outside of	orporate limits, write RUR	AL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	address)	d. STREET ADDRESS	ton an	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)  Minny	H. Bh	Last 4. DA OF DE	ATH MAS	10 30 19 6
1	Fomale White WIDOWE	ED DIVORCED	DATE OF BIRTH	last birthday) yrs.	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
You	USUAL OCCUPATION (Give kind of work done 10b. during post of warking life, even if refired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRYS
13.	FATHER'S NAME	astuna	14. MOTHER'S MAIDEN NAME	Kin	The Property of
	WAS DECEASED FER IN U. S. ARMED FORCES? (If yes, give wor or doles of service)	SOCIAL SECURITY NO. 17. INFO	Harry B	Addyes	1
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne far (a), (b), and (c) A hypeardial	infortim		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate (b)	rteriscleratu	· caroliova	unilar a	10 yrs
	cause (a), stating the <u>under-</u> lying cause last.  DUE TO  (c)	with cor	orang inny	ficiency	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATI	206. ACCIDENT WAS UNDERLYING [] 20b. DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED.	Enter nature of injury in Part I a	r Part II af item 18.)	
MEDICAL	Hour a.m. While		E OF INJURY (Home, farm, 20f. y, street, affice bldg., etc.)	(City or tawn)	(County) (State
	21. I certify that (I) (this haspital) attends saw the deceased alive an 3/2/	/	oth accurred at 2M, fr		an the date stated above
	220. SIGNATURE E. Ro	we M.I	ATTENDING MED.	STAFF	22b. DATE SIGNED
	22c. PHVSICIAN'S NAME (Type)  James E. Rowe		22d. ADDRESS	k Rd. #28,	Md
230	BURIAL, CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	CREMATORY 23d. LO	OCATION (City, town, or	county) (State)
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 28	25a. REC'D BY RE		RAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 HERAL DIRECTOR: Af this certificate has been signed by the attending physician and confete the funeral director, page 3 shauld be detached use as the burial-transit permit. Then please remaye carbon pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remayal, and in any event within 72 hours after death. VR A1S (4) 1SM 9/59

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	02894
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	2931	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
O. COUNTY  BALTO		MARYLAND	2. USUAL RESIDENCE (Where on STATE)	deceased lived. If institution: b. COUNTY	Residence before admission) ALTO
b. CITY OR TOWN (If outside RURAL and give nearest tow	corporate limits, write n)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside 544 5 C E V	le corporate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (IF no OR INSTITUTION	in hospital, give street o	iddress)	d. STREET ADDRESS	912 R.D.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Lost 4.	DATE Month OF DEATH MAR	Day Year 1960
FEMALE WI	YITE WIDOWEL		1-12-06	lost birthday)	FUNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
during most of working life,	kind of work done 10b. Keeven if retired)	(IND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (S1010 or fo	LANO	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME WILLIA		916	EOITH	+ LARK	1N
15. WAS DECEASED EVER IN U. S (Yes. no. or unknown) (If yes, give	ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT PALMER GRAI	G (SAME A	S ABOVE)
18. CAUSE OF DEATH [Ent PART 1. DEATH WAS IMMEDI		e for (a), (b), and (c).] u/monar	ey Dedem	4	INTERVAL BETWEEN ONSET AND DEATH
260 X Conditions, if ony, which	n (b)	andiac x	Decomponsa	tron	1 year
gave rise to immediate couse (o), stating the underlying cause lost.		Diabetes	Mellitus		392007
PART II. OTHER SIGN  200. ACCIDENT WAS UNDER OR CONTRIBUTING CAU Ulf EITHER, NOTIFY MEDICAL	FICANT CONDITIONS CO	ONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	F OF DEATH	RIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port I	l or Port II of item 18.)	
20c. TIME OF INJURY Month Hour a. m. p. m.	While	JURY OCCURRED 20e.  Nat while at work	PLACE OF INJURY (Home, form, 2) foctory, street, office bldg., etc.)	Of. (City or town)	(County) (State)
21. I certify that I at alive an March	ended the decease				that I last saw the deceased d an the date stated abave
ACTUAL SIGNATURE MON	, a. g.	aerbs		RESS (Street, city or town sta	
PHYSICIAN'S MOR	Ris All-	Jacobs b	nd Bai	Hyrope 2	4 hd.
BURIAL 3	- 31-60	MORELA	OR CREMATORY 22d	BALTO,	county) (State)
23. FUNERAL DIRECTOR'S SIGNAL	melly 4	18 hastern	Bleed 240. REC'D BY	REGISTRAR 24b. REGISTR	PAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 2 PUNERAL DIRECTOR: Afterthis certificate has been signed by the attending physician and conditions as the burial-transit permit. Then please remaye carbon pother registrar prior to buriar, cremation, ar remayal, and in any event within 72 hours after death. may be retained by the hospital or attending physician. VS A15 (4) 15M 10/57

CARRY TO A STATE OF THE PARTY AND THE

e. IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(State)

22b. DATE SJGNED

(State

U.S.A.

Days

(County)

25b. REGISTRAR'S SIGNATURE

DATE

ON A FARM? YES NO

Year

19

#### MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

otherding physician and cor tell and in by the funeral director, in please remove carbon papers? Pages I and 2 shauld be filled with in any event, within 72 hours ofter death.
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24. FUNERAL DIRECTOR'S SIGNATURE

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PHYSICIAN: The

ATTENDING

HOSPITAL OR

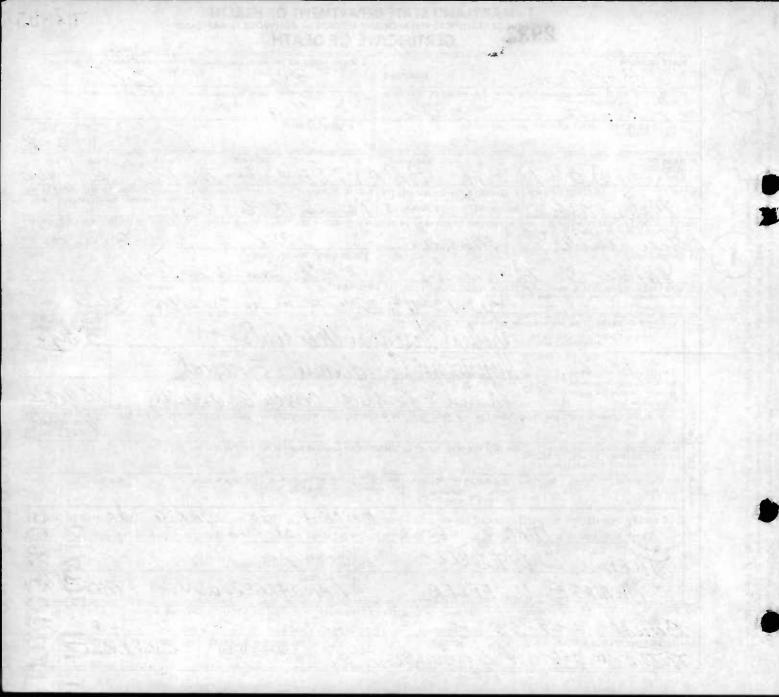
burial-tronsit attending physician

SD

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. PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and/give nearest tawn) d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF Middle 4. DATE Lost Month DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months DIVORCED [ WIDOWED [ yrs. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during mast af working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. Address WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 18. CAUSE OF DEATH | Enter only one cause mer line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19/WAS AUTOPS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) factory, street, office bldg., etc.) Hour a. m. While Not while at work at wark 21. I certify that (1) (this haspital) attended the deceased fram MARCH 1 1960, to MAR G. 1960, that (1) (we) last saw the deceased alive an **6.** 9 and that death accurred at 2. M, from the causes and an the date stated above. ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR M.D. 22c. PHYS 22d. DDRESS ICIAN' 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City, town, or county REMOVAL (Specify) Ellan



22c. NAME OF CEMETERY OR CREMATORY

Ebenezer Cemetery

Chase

MAR 21 '60

24g. REC'D BY REGISTRAR

220. BURIAL, CREMATION, 22b. DATE THEREOF

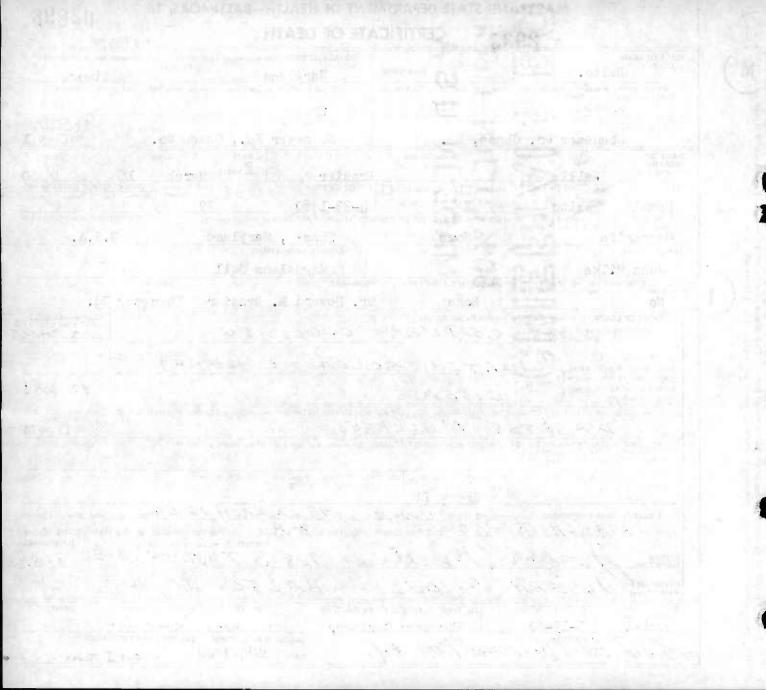
3-19-60

REMOVAL (Specify) Burial

Rea. Dist. No. b. COUNTY Baltimore e. IS RESIDENCE ON A FARM? YES NO T Year March 19 60 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Dovs 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Ebenezer Rd. INTERVAL SETWEEN ONSET AND DEATH INSTANT 12 YAS PERFORMED? YES NO Z (County) (Stote) 1948 to MARCH 16196 Ghat I last saw the deceased 22d. LOCATION (City, town, or county) (Stote) Maryl and 24b. REGISTRAR'S SIGNATURE

Urlhay S. Throng

VS A1S (4) 1SM 9/S8



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VS A15 (4) 15M 10/57

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**CERTIFICATE OF DEATH** 

02898 Reg. Dist. No.

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
/	O. COUNTY BOLLINGRE MARYLAND	03 STATE MARUAND b. COUNTY Cha	RIES
	b. CITY OR TOWN (If outside corporate limits, write & C. LENGTH OF STAY IN 16 RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and gi	ve nearest tawn)
	QUNDOIK 22 MEGR	X Chaples COUNTY	
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE
	877/V. Avoncale Road	Charles Country	YES NO
	3. NAME OF First Middle	Lost 4. DATE Month	Day Year
	OFTICE JONES	Briscoe DEATH March	9. 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER )	YEAR IF UNDER 24 HRS.
	Memale LO WIDOWED DIVORCED	Apr. 18, 1886 73 yrs. 10	Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITI	EN OF WHAT COUNTRY?
	Cook Cale	CharlesCounty md. 1	4.5.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Alhred JONES	FMMa Proctor	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes. no. of unknown)   (If yes, give wor or doles of service)		
	NO 21-19-1938//	ary Walker 877 N. HUON	dale Rel
	18. CAUSE OF DEATH [Enter only one cause per Ing for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) REMIG		3 days
	450.0 DUE TO NO. 7.		
	Conditions, if any, which ) (b) replanis		3163
	gove rise to immediate couse (a), stating the under-	accie ( N march)	1
		DOSIS (Durepal)	10yn
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
	0		YES NO
	OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)	
	2		
	To Hour o.m. While Not while fo	ACE OF INJURY (Hame, farm, 20f. (City or town) (Cotary, street, affice bldg., etc.)	sunty) (State)
	p. m. 19 of wark at wark		
	21. I certify that I attended the deceased from MGRUM	1927, to Map (13, 1960that 1 lo	ost saw the deceased
	olive on 11 18 19 19 19 19 ond that death		e dote stated above.
	ACTUAL ON MINER O STAR	ADDRESS (Street, city or town, state)	DATE SIGNED
	SIGNATURE JUCIAM CICIOCO	M.D. 140 Wat HURNAY	3-2-60
	PHYSICIAN'S WILLIAM C. Wade, M.D.	Dundalt 22 ma	
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY O	R CREMATORY 220 LOCATION (City, fown, or county)	(State)
	REMOVAL (Specify) 3-8-60 Smith (	hopel Tesgal m	erestend
	23. FONERAC DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	
	Marison 4 Known 4804 Da	Cleve 14 DATE MAR 7 '60 Cirting &	Frank

	PITABU TO BY		1 1565 m	
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		AND THE STREET		
	1 S T ME HERE			
	O. Victor Physiklesis			
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#### FOR STATE HEALTH DEPT

d. 3 to the funeral director. Page 19 to the funeral director. Page 19 to the funeral director. Page 19 to the funeral for your files. With 19 State Board of Health, ours after death. DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to lid be forwarded to Chief Medical Examiner's Office along with form PM3. Pages 1, perversal DIRECTOR: Pages 1, should be used as a burial-transit permit. File pages 1 and 2 for its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 hours.

MEDICA	forwa DIREC	
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DEPUTY	TO CANERAL	
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5M 2/57

#### 2935 AARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

_				Keg.	DIST. NO.
	PLACE OF DEATH O. COUNTY Baltemore MARYE	AND	2. USUAL RESIDENCE (W	here deceased lived. If institution: Res b. COUNTY	dence before admission)
	b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY II for STAY II for STAY III for S	N 1b	1 50 04	outside corporate limits, write RURAL on one nural	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 2800 Linwood Ave.	)	2800 h	in wood	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) JAMES Alexander	, ;	Brooks	4. DATE Month OF DEATH Month	Doy Year 24 1960
5.	SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	-	Dec. 12. 18	fort birthday}	ER TYEAR IF UNDER 24 HRS. Doys Hours Min.
100	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IT during most of working life, even if refired)  Self employed	NDUSTR	11. BIRTHPLACE (Store Mary	or foreign country) 12. Cland	USA
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	Unknown		Unk	nown	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  19. no. or unknown)  NO.  219 32 6612		rormant rs. Eva Broo	ks, 2800 Linwood A	lve.
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  OUE TO  Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying cause last.  Can diac ta  DUE TO Chronic R	non Both	nale hma	on any Edem a	undet under.
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  20a. EXTERNAL CAUSE WAS  20b. DESCRIBE HOW INJURY OCCURR				ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CER			E OF INJURY (Home, farm, ry, street, office bldg., etc.)		County) (Slote)
	21. I certify that I took charge of the remains described opinion death resulted from: Natural couses Accid			Inspection Inquition Inqui	monner
	EXAMINER'S NAME (Type) HOHIV C 14/10	2	_M.D. CHIEF MEDICAL EXA ASSISTANT MEDICAL DEPUTY MEDICAL E	L EXAMINER	3-25-60
22	10. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER BURIAL 3-28-60 Moreland M		Park. Cem.	22d LOCATION (City, town, or county Baltimore, Mary)	
23	Wm.Cook Blight Inc. 6009 Harford Rd	i. B		R 28 160 246. REGISTRAR'S	

ESSENTIAL EXAMINER'S CERTIFICATE OF DEATH ...

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	136	CERTIFIC	MIL	OI DEAI	**		Reg. Di	st. No.	00000
1. PLACE OF DEATH o. COUNTY Baltimore		MARYLAND	0.	UAL RESIDENCE (V STATE Mary		d lived. If institu b. COUNT		nce befor	re admission)
b. CITY OR TOWN (If outside carporate	imits, write	c. LENGTH OF STAY IN 18	b c.	CITY OR TOWN (IF		prote limits, write	RURAL ond	give near	rest town)
RURAL and give nearest town)  Caton Sville		2hvr6mths19d	3778	Baltim	ore		3	VOI	1,4
d. NAME OF HOSPITAL (If not in hospite OR INSTITUTION	l, give street	address)	d	STREET ADDRESS					e. IS RESIDENCE ON A FARM?
SPRING GROVE STAT	E HOSP	TTAL		1622 East	Chase	Street			YES NO
3. NAME OF DECEASED (Type or print)	<sup>First</sup>	Middle		lost Brown	4. DATE OF DEATH		rch	Day	Year 19 60
		RIED NEVER MARRIED		E OF BIRTH		9. AGE (In year	IF UNDER	YEAR	IF UNDER 24 HRS
female white	WIDOW		-	1. 3, 190	7	lost birthdoy)	Months	Doys	Hours Min.
10a. USUAL OCCUPATION (Give kind of wo during most of working life, even if ret	rk done 10b.	. KIND OF BUSINESS OR INI	DUSTRY 1	1. BIRTHPLACE (Stol	te or foreign o	country)	12. CIT	IZEN OF	WHAT COUNTRY
housewife				Mary 1			J	J. S.	. A.
3. FATHER'S NAME			14.	MOTHER'S MAIDEN	NAME				
Amos Shopf				Lena	Zimme	r			
IS. WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO.	INFORM	ANT		Ad	ldress		
(Yes, no. or unknown) (If yes, give war or dates		ınknown	Reco	rds: SPR	ING G	ROVE ST	ATE F	HOSPI	ITAL
1B. CAUSE OF DEATH [Enter only one								INTE	RVAL BETWEEN
PART I. DEATH WAS CAUSED E		rebral vascul	027 04	aident				ONS	ET AND DEATH
IMMEDIATE CAUS	(0)	180191 ASCAT	ar ar	CIGEII				-	
33/X DUE	ТО								
Conditions, if ony, which	(b)								-11
gave rise to immediate DUE	TO								
lying cause lost.	(c)								
PART II. OTHER SIGNIFICANT C	ONDITIONS	CONTRIBUTING TO DEATH B	BUT NOT R	ELATED TO THE TER	MINAL DISEAS	SE CONDITION G	IVEN IN PAR	RT 1(o) 15	9. WAS AUTOPSY PERFORMED? YES NO X
PART II. OTHER SIGNIFICANT C	TH	SCRIBE HOW INJURY OCCUR	RRED. (Ente	r noture of injury i	n Port I or Pa	rt II af item 18.)			
20c. TIME OF INJURY Manth, Day, Hour o. m.			PLACE OF	INJURY (Hame, far reet, office bldg., e	rm, 20f. (Cit	y or town)	(	County)	(State
Hour o.m.	9 While		rociory, s	reel, office blag., e	91C.)				
			1.1	10 60 .	Manah	75 106	01		
21. I certify that I attended	he decea			19_60, to_					
alive an March 15	, 19	60 , and that dec	ath occu	rred at 0:40				e date	
(1,00	11	1 1				street, city or tow			DATE SIGNED
SIGNATURE HELLA	wa	chsler	M.D	SPRING	GROVE	STATE	HOSPI'	I'AL	3-15-60
PHYSICIAN'S Stella Wa	chsle	r, M. D.		Catonsv	ville 2	8, Maryl	and		
220. BURIAL, CREMATION, 22b. DATE THE BURY PICIFY) 3-18-		22c. NAME OF CEMETERY Baltimore	OR CREA	ATORY	22d. LOCA	TION (City, town			(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	0	ADDRESS			C'D BY REGIS	TRAR 24b. REC	GISTRAR'S SI	GNATUR	E
Sohn & Mil	11.	bue -2431 H	E. 0	Liver	MAR 21	'60	Callen	0 4	12771

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

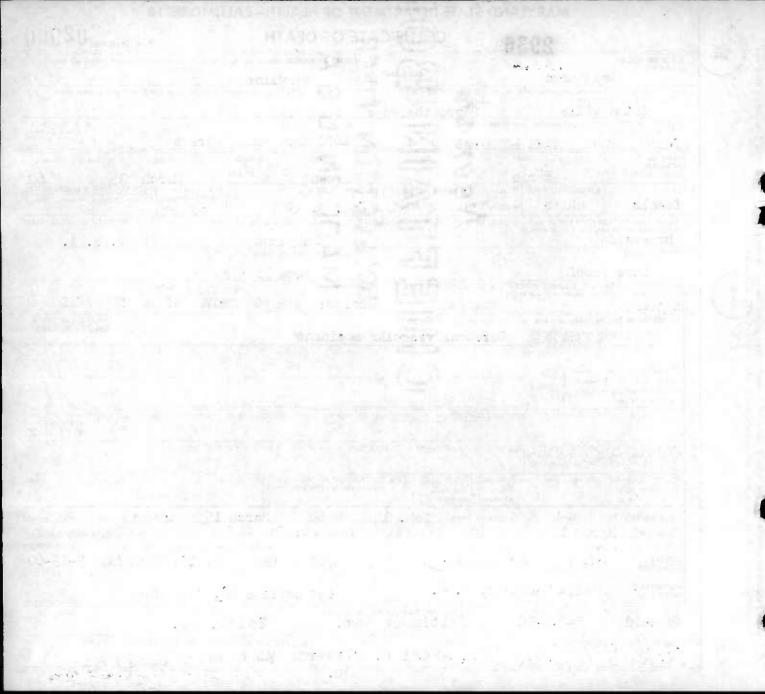
in by the funeral directar, and 2 shauld be filled with

after death

72 haun

attending physician and co Then please certificate has been signed by the as the burial-transit attending physician. 3 shauld be detached e retained by the ERAL DIRECTOR:

10 VS A15 (4) 1SM 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TOF VR A1S (4) 1SM 9/59 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2938

1. PLACE OF DEATH a. COUNTY Baltimore	9	• <u> </u>	MARYLA		USUAL RESIDENCE (W	here deceased	lived. If institutia b. COUNTY	n: Residence	before odmi	ssion)
b. CITY OR TOWN ( RURAL and give n  Fort How		, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF  Baltimor		te limits, write RU (34)	RAL and gi		
OR INSTITUTION	Administrat				d. STREET ADDRESS 9912 Fin	ney Dri	ve		ON	A FARM?
3. NAME OF DECEASED (Type or print)	First EDWA		Middle	]	BUSCHMANN	4. DATE OF DEATH	March	h	දුවූ	Year 60
s. sex Male	T. 27. P. L	7. MARRI WIDOWE	ED NEVER MARRIED  DIVORCED	had I	ctober 6,18		AGE (In years last birthday) yrs.		YEAR IF UNI	
100. USUAL OCCUPATION during most of war Engineer	ON (Give kind of work di king life, even if retired)		KIND OF BUSINESS OR	INDUSTRY	Chicago				S. A.	COUNTRY?
13. FATHER'S NAME (Cha	GUSTAV rles Buschma	ann			4. MOTHER'S MAIDEN Amelia Wust		1			
1S. WAS DECEASED EVI	ER IN U. S. ARMED FORCE		4-09-6930	17. INFO	n.Rec. VAH,	Balto.1	8,Md.,Ft		rd Div	ision
	ATH [Enter only one cau ATH WAS CAUSED BY:	se per lin		N BRO	ONCHOPNEUMO	N <b>A</b> A			INTERVAL ONSET AN	BETWEEN
465 Canditions, if a			INFARCT O	F LUI	NG				UN	K
cause (o), stoting lying couse last.	the under- DUE TO (c)	1710116		I BUT NO		White Blacker	COLUMN COLUMN	TAL IN 1 B 4 B 7	1/ 1/10 1//41	ALIZORCY
S S	tatus post o	pera	tive prosta	tect	omy for car	cinoma	prostate		DEDE	ORMED?
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (	Enter nature af injury in	Part I or Part	II of item 18.)			-
20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Year 19	While at work	_ Not while _		OF INJURY (Home, far y, street, affice bldg., et		ar tawn)	(Co	ounty)	(Stote)
21. I certify the	at (V (this haspital)	attend	ed the deceased for	am. J	anuary 7	ORMFrom t	he causes and	1960	_, that (V)	(we) last
220/SIGNATURE	Day C	4	mile	7 M.D		MED.	STAFF PHYS. 24	3 (1) (1)		3/30
CARIDAD E	. GONZALEZ,	M.D.			VAH, BALTI	MORE 18	3, MD. F(	ORT HO	WARD I	ivisi
230. BURIAL, CREMATIC	ON, 23b. DATE THEREON	60	23c. NAME OF CEMET Oak Park (			23d. LOCATI	ON (City, town, o	Penns	ylvani	ote)
24. FUNERAL DIRECTOR			5305 Harfe	ord F		DBY REGISTE		TRAR'S SIGN		

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e. IS RESIDENCE ON A FARM? YES NO D

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939	CERTIF	CATE	OF	DEATH

MARYLAND STATE DEPAR	TMENT OF HEALTH—BALTIMORE, 18
2939 CERTIF	ICATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH BALTMONE MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MUNICIPAL b. COUNTY ALFAURICA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CALLEY SWALL  12 YEAR-	
d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION. Trely way	Sreen hay Rel PER VES N
3. NAME OF DECEASED (Type or print) Ray in oud Riddle	hard Butler OF DEATH March 9 19
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED [	1957 DIFFIGURY   Months   David   House
10a. USUAL OCCUPATION (Give kind of work done during most of working/life, even it retired)  Steelworker  Wutst Ba	INDUSTRY 11. BIRTHPLACE, (Stole or foreign country) 12. CITIZEN OF WHAT CO
13. FATHER'S NAME Richard Butter	Anna Swonget
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? [Yes. no. or Anthonya] [If yes, give wor or dates of service]  080 05 1402	Wife Viola V. Batter Some
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	deempenation Interval Between
Conditions, if ony, which) DUE TO arteric fello	istre Cardid Vaccular descara 3 year
gove rise to immediate couse (a), stating the under-lying couse lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT

5. 5	SEX ALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 1899 19. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 Hrs.    White Widowed   DIVORCED   23 July 1899 19. Months Days Hours Min.
10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE, (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Stelworker Dolls Spring Lield Olio WSA
13.	FATHER'S NAME Richard Butter Anna Swonget
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 11. INFORMATT 11. INFORMATT 11. INFORMATT 11. INFORMATT 11. INFORMATT 11. INFORMATT 11. INF
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which)  (b) Arterio fellerstee Cardid Vascular desains 3 Years
z	gove rise to immediate couse (c), stating the under-lying couse lost.    DUE TO
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES NO OR CONTRIBUTING CAUSE OF DEATH  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)
MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o. jt., p. m. 19  20d. INJURY OCCURRED While of work o
	21. I certify that I attended the deceased from 1900, to 100000000000000000000000000000000000
	PHYSICIAN'S Walter T. KEES Cockessoutle had
	BURIAL (Specify)  Saters Baptist Cemetery Baltimore County  22d. LOCATION (City, town, or county)  BURIAL  Saters Baptist Cemetery Baltimore County
	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  1. Cook-Towson, Inc., 1050 York Road, Towson  ADDRESS  DATE  ADDRESS  24d. REC'D BY REGISTRAR  ADDRESS  DATE  ADDRESS

in by the funeral director, and 2 shauld be filed with Page PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. 0 he burial-transit permit. Then please remaye carbon or remayal, and in any event within 72 haurs, offer de certificate has been signed e as the burial-transit permi the registrar prior to burial, should be detached TO HOSPITAL 2 VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/5B

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2940 CERTIFICATE OF DEATH

02904

Reg. Dist. No.

	o. COUNTY Baltimore	MARYLAND	o. STATE Mary land b. COUNTY Prince George
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catons ville	7nth35dys	c. CITY OR TOWN (If outside corporote limits, write RURAL ond give nearest town)  Hyattsville, Maryland  /6X-2
1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION SPRING GROVE STATE HOS	oddress) SPIT AL	d. street address  8500 Lavern Drive  e. Is residence on a farm? yes \( \) No \( \)
	3. NAME OF First DECEASED (Type or print) William	Middle James	Campbell 4. DATE Month Day Yeor Campbell DEATH March 21 1960
	5. SEX 6. COLOR OR RACE 7. MARR	· .	R DATE OF RIPTH 9. AGE (In years 1 FUNDER 1 YEAR IF UNDER 24 HRS.
	male white widowi	ED X DIVORCED	October 4, 1884   lost birthdoy)   Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  carpenter	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?  U. S. A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	William J. Campbell		Mildred Hughes
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT Address
	unknown	inknown Re	cords; SPRING GROVE STATE HOSPITAL
/	Canditions, if ony, which gave rise to immediate couse (a), stating the underly lying couse last.  DUE TO  DUE TO  (b)  DUE TO  (c)	ate cardiac fai	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY
0	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	PERFORMED? YES NO CA
	Hour o.m. While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City ar town) (County) (Stote)
1	21. I certify that I attended the deceas alive an March 21 , 19 6  ACTUAL SIGNATURE Scella Wachsler  PHYSICIAN'S NAME (Type) Stella Wachsler  20. BURIAL, CREMATION, 22b. DATE THEREOF	ond that death	M.D. SPRIG GROVE STATE HOSPITAL 3-21-60  Caton sville 28, Maryland  (State)  (State)
	BURIAL (Specify) 3/24/60 23. FUNERAL DIRECTOR'S SIGNATURE	RHOADESV	11 LLECH. CEM. RHOADESVILLE, VA 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Easton sons	Catonsvill	DATE MAR 23'60 Conting S. Kroue

PRINCES TO TRADPINGED TO BE SEE Service Committee Committee and the Committee deput de la company de la comp . The entropy of the particular and the second of the seco THE PARTY OF SAME TANKS AND THE PARTY OF THE 

VS A15 (4) 1SM 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 13,14 Film G260 1/11/60 1b CERTIFICATE OF DEATH

Pag Dist No

y		6341							Keg. Dist.	140.
1	PLACE OF DEATH     O. COUNTY	Baltimore		MARYLAND	2. <b>U\$U</b> / o. ST	ATE	Where decease	d lived. If institut b. COUNTY		
	b. CITY OR TOWN (II RURAL ond give ne Caton	s. CI		outside corpo	orote limits, write l					
/	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitol, give 2620 Freder	street oddress)	l yrs.	/d. 5	REET ADDRESS		ick Road		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First Lottie	9	Middle Sarah	C	lost	4. DATE OF DEATH	Мо	rch 16	Day Year 19 60
	s. sex Female		MARRIED N	EVER MARRIED   DIVORCED	8. DATE O		75	9. AGE (In years lost birthday) 84 yrs.	Months Da	EAR IF UNDER 24 HRS. ys Hours Min.
1	Housew	N (Give kind of work don ing life, even if retired) rife	Own H			Mary	rland	country)		S. A.
	13. FATHER'S NAME	7 3	07		14. MC	Sarah M			2765	
		John R IN U. S. ARMED FORCES If yes, give wor or doles of service			informations. D	П		Catoms 2620 Fr		28, Md.
		nmediate (	Cereb	10 - UU	enl	an ac	lide	ut		INTERVAL BETWEEN ONSE AND DEATH  LOW
7	CATIO	ER SIGNIFICANT CONDIT	10NS CONTRIBU	TING TO DEATH BU	T NOT REL	TED TO THE TER!	MINAL DISEAS	E CONDITION GI	VEN IN PART 1(	19. WAS AUTOPSY PERFORMED? YES NO 2
		S UNDERLYING [] 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HO	W INJURY OCCURRI	D. (Enter r	oture of injury in	n Port I or Por	t II of item 18.)		
	ZOc. TIME OF INJURY Hour o. m. p. m.		20d. INJURY OC While Not of work of w	while fo		IJURY (Home, for it, office bldg., e		y or town)	(Cou	nty) (Stote)
	(1)	ACTUAL SIGNATURE Thomas FILLS								
}	220. BURIAL, CREMATION REMOVAL (Specify) Burial	N, 22b. DATE THEREOF 3/19/1960		ME OF CEMETERY Coudon Par		ORY		TION (City, town, Baltimore		(State)
	23. FUNERAL DIRECTOR	S SIGNATURE SONS		oress Catonsvill	.e, Mo		C'D BY REGIS	TRAR 24b. REG	ISTRAR'S SIGNA	4.4

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Marvland Baltimore b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Baltimore 10 days Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 1)101 N. Charles Street Veterans Administration Hospital 3. NAME OF 4. DATE Middle Year Day DECEASED W. CICHY FRANK DEATH 19 (Type or print) March 1960 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdoy) Days Hours Male White WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Chauffeur Dry Cleaning Baltimore, Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Antoinette Antoszewski Frank Cichy WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Clin.RecordsVAH, Balto 18.Md. Ft. HowardDivision Yes INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY CEREBRAL VASCULAR ACCIDENT Hours IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which **ARTER TOSCLEROSTS** gave rise to immediate DUE TO couse (o), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Diabetes Mellitus, Recent Cerebral Vascular Accident with Rt Hemiparesis 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) Doy, Year (County) foctory, street, office bldg., etc.) Hour o. m. Not while at work at work 21. I certify that of (this haspital) attended the deceased fram February 8, 160, ta March 19, 19,60 that (K(we) last 1960, and that death accurred 1200AM, from the causes and an the date stated above. saw the deceased alive an March 19 220. SIGNATURE SIGNED ATTENDING

22c. PHYSICIAN'S

Howard C. Krammer M. D. 230. BURIAL, CREMATION, 23b. DATE THEREOF

VAH Balto. 18, Md., Ft. Howard Division 23c. NAME OF CEMETERY OR CREMATORY

Baltimore National

M.D.

23d. LOCATION (City, town, or county) Baltimore, Md.

PHYS.

DIRECTOR [

25a. REC'D BY REGISTRAR

02906

Buria]

NAME (Type)

REMOVAL (Specify)

MAR 2 2 '60

22d, ADDRESS

25b. REGISTRAR'S SIGNATURE arthur & Knows

FUNERAL HOME, 705 S. ANN ST., BALTO., MD.

dod and 72 = physician attending please AUD the þ gned per physician. burial-transit been has certificote os Aff DIRECTOR: pe shauld AL

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	100 July 1	~ ~	, 00	CERTII	FICA	TE OF DE	ATH			Reg. Dist	. No.	16901
	o. COUNTY	Baltimore		MARYE	AND	2. USUAL RESIDENCE O. STATE	d •		l. If institution b. COUNTY		e before o	
	RURAL and give n			c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN		ide corporate li	mits, write RU	RAL and gi	ve neares	t town)
		TAL (If not in hospital, gi	ve street	address)		d. STREET ADDRE		Avenue				IS RESIDENCE ON A FARM? 'ES NO
	3. NAME OF DECEASED (Type or print)	Firs MARY		Middle REESE		Lost COCKEY	4	DATE OF DEATH	Month Marc		Doy 30	Year 160
	s. sex Female	White	WIDOWE		1	DATE OF BIRTH		los	t birthdoy) 77 yrs.			UNDER 24 HRS. Hours Min.
	Housewif	ON (Give kind of work d rking life, even if retired) E	one 10b.	KIND OF BUSINESS OF	NDUS	Marylan	d				S.A.	WHAT COUNTRY
1	3. FATHER'S NAME Thomas Re	ese Arnold				Clayann						
	(Yes, no. or unknown) No	ER IN U. S. ARMED FORC (If yes, give wor or dates of se	rvice)	social security no.		hn O. Coc	key,	Glyndo	Addre	955		
		ATH [Enter only one country on the country of the c		Bronchit							ONSET	AL BETWEEN AND DEATH MO •
	gove rise to couse (a), stating lying cause lost.	the under-	1	Generali	zed	Arteriosc	lero	sis			1	.0 yrs.
	PART II. OT	THER SIGNIFICANT CONE Parkinso			TH BUT I	NOT RELATED TO THE	TERMINA	L DISEASE CON	IDITION GIVE	N IN PART	F	WAS AUTOPSY PERFORMED? ES NO
- 1		AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	cribe HOW INJURY OF	CURRED	. (Enter noture of inju	ury in Par	t I or Port II of	item 18.)			
	20c. TIME OF INJU Haur o. m. p. m.	RY Month, Doy, Yea none <sup>19</sup>	while	Not white	fact	CE OF INJURY (Home ary, street, office bld	g., etc.)	none			ounty)	(Stote)
	alive an	hat I attended the 3-28-60	_, 19	, and that		accurred at 7	A	M, fram the	causes ar	nd an the	ast saw e date	the deceased stated above DATE SIGNED
	PHYSICIAN'S NAME (Type)	D. D. Cap			^	Reist		Rd.	•		3-	31-60
F		ON, 226, DATE THEREO	F	22c. NAME OF CEME		CREMATORY		2d. LOCATION	City, town, or	county)		(Slate)
1	3. FUNERAL DIRECTOR			All Saint	S' C	emetery 240	. REC'D E	Reister BY REGISTRAR		RAR'S SIGI		d.

24a. REC'D BY REGISTRAR

DATE APR 4

arilar S. Krous

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 is certificate has been signed by the attending physician and cor per 3 should be detached the best of the burial-transit permit. Then please remaye carbon por the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death may be retained by the hospital ar attending physician. TO HOSPITAL OR 10 VS A15 (4) 15M 9/55

ed in by the funeral director, I and 2 should be filed with

TO F

VS A15 (4) 15M 9/58

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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Reg.	Dist.	No.					

1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Monkton, P.O.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Monkton, P.O.										
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION York Rd., Hereford	life	/ d. STREET ADDRESS York Rd Hereford  o. IS RESII									
3. NAME OF First DECEASED (Type or print)  Rebeca 1	Middle Cole	Last	4. DATE OF DEATH	Mont	-1-60	y Year					
	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.					
	VED TO DIVORCED	8-8-1879	la	80 yrs.	Months Doys	Hours Min.					
10g. USUAL OCCUPATION (Give kind of work done 10h	. KIND OF BUSINESS OR IND		ote or foreign country		12. CITIZEN O	F WHAT COUNTRY?					
during most of working life, even if retired) housewife	home	Marvl	Maryland U.S.A.								
13. FATHER'S NAME	110110	14. MOTHER'S MAIDE									
Howard Vance		Ella F	Royston								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO.	INFORMANT	10,0001	Addr	ess Tow	son 4, Mc					
(Yes, no. or unknown) (If yes, give wor or dates of service)	none	Lawrence V.	Cole.	1627 0		ith Blvd					
18. CAUSE OF DEATH [Enter only one couse per						ERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			2 10 11 1		ON	SET AND DEATH					
Conditions, if ony, which gove rise to immediate couse (o), stoting the <u>under-lying couse lost.</u> (b) (c)	ngerne of ri	ght lower	extremit	У							
PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TE	RMINAL DISEASE COI	NDITION GIVE	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO					
	SCRIBE HOW INJURY OCCURI	RED. (Enter noture of injury	in Port I or Part II af	item 1B.)							
Haur o.m. While		PLACE OF INJURY (Home, factory, street, affice bldg.,	etc.)	own)	(County)	(Stote)					
21. I certify that I attended the decea	sed fram	, 19 50, ta	Mar.1	19 60	hat I last sa	w the deceased					
alive an <u>Feb. 29</u> , 19	60, and that dea	th accurred at 5		causes and	d on the date						
SIGNATURE ( ) 7	rance	_M.D. ,	Parkton	Md.		3/2/60					
PHYSICIAN'S A.M. France											
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY		22d. LOCATION		.,	(Stote)					
Burial 3-4-60	Mt. Carme	1 Methodis	CD BY REGISTRAR IAR 7 '60	ton, I	TRAR'S SIGNATU	100					
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24- D	CO DV DECICIDAD	1 745 DEC. 10							

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**CERTIFICATE OF DEATH** 

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	2	944	CERTI	FICA	ATE OF D	EATH			Reg. Di	st. No.		, , ,	
1.	PLACE OF DEATH o. COUNTY Baltimore	MARY	LAND	2. USUAL RESIDENCE (Where deceosed lived. If institution of STATE b. COUNTY									
	b. CITY OR TOWN (If outside corporate	c. LENGTH OF STAY	IN 1b				rote limits, write R	URAL and	give nec	rest town	n)		
	RURAL ond give nearest town)  Catons ville	3vr8mth2lo	lvs	F	otoma	ac Hei	ights, Md		0	8X -	2		
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION				d. STREET AD		40 1104				e. IS RES	SIDENCE	
L					83 Circle Avenue			nue			ON A FARM? YES NO		
3.	NAME OF DECEASED (Type or print)	First homas	Middle Viv:		Cool	sey	4. DATE OF DEATH	March		Da	,	Year 19 60	
5.	male 6. COLOR OR RAC	7. MAR WIDOW	NEVER MARRIE		Feb. 1	, 188	6	9. AGE (In years last birthdoy) 74 yrs.	Months	1 YEAR Days	Hours	ER 24 HRS Min.	
10	o. USUAL OCCUPATION (Give kind of wo during most of working life, even if reti	rk done 10b.	1	R INDUS		ce (Stote or	-	ountry)			· A ·	COUNTRY	
13	FATHER'S NAME William	Cookse	ЭУ		14. MOTHER'S A		AME ingl <b>y</b>				8	Š,	
15 (Y	. WAS DECEASED EVER IN U. S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO		IFORMANT	OF THE REAL PROPERTY.	a an	Add		CDT	ma T		
1	now		nous	Re	cords:	SPRIN	G GR	OVE STAT	E HO	DSPI	TAL		
П	18. CAUSE OF DEATH [Enter only one	couse per li	ne for (o), (b), and (c).	]							ERVAL BE		
	PART I. DEATH WAS CAUSED B	Y: Ce	rebral vasc	ular	acciden	t				ONS	EI AND	DEATH	
	427 1 DUE				0.00000								
	Conditions, if ony, which )		teriosclero	tic	cardiova	emi la	n die	9259					
	gave rise to immediate	(0)	eer roacter o	GTC	caruitova	o cu ra	T ara	64 <b>3</b> 6		-			
	couse (o), stoting the under-	то											
7	lying couse lost.	(c)								- 1 - 1	0 11110	ALITOREN	
Į.	PART II. OTHER SIGNIFICANT CO	ONDITIONS	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	PERFC	DRMED?	
N.			Pneumo								YES	NOX	
CERTIFICATION	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINE	ГН	CRIBE HOW INJURY O	CCURRED	), (Enter noture of	injury in P	ort I or Por	t II of item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	While	NJURY OCCURRED Not while		ACE OF INJURY (H tory, street, office			or town)	(1	County)		(Stote	
	21. I certify that I attended t	he deceas	sed fram Mar	ch 2	3 , 1960	, ta	March	29 , 1,60	that I lo	ist sav	v the c	decease	
	alive on March 29	196	ond that	death	accurred al			the causes an					
	C*							treet, city or town,				TE SIGNE	
	ACTUAL STELLA U	lade	eliz-	/	w.d. SP	RING	CROV	E STAIE	HOS	PITA	L 3-	29-6	
	PHYSICIAN'S NAME (Type) Stella Wa	chsle	r, M. D.		Ca	tonsv	ille	28, Mary	land				
22	REMOVAL (Specify)	60	22c. NAME OF CEMI 5 = Ma	ETERY OF	CREMATORY		22d. 10CA	TION (City, town,		N	K (Stot	te)	
23	FUNERAL DIRECTOR'S SIGNATURE	10	ADDRESS	1	0	24a. REC'E	BY REGIS		STRAR'S SI	GNATU	RE		
1	Hunth Hamalo	Hense	Walker	17	1. [/		ADD 4			- 4			

in by the funeral director, and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 or attending physician. certificate has been signed by the attending physician and carrestificate has been signed by the attending physician and carrests as the burial-transit permit. Then please remove carban papernatian, ar remayal, and in any event within 72 hours after death. use as the burial-transit permit. page 3 shauld be detached for use as the buriai-ira the registrar priar ta burial, crematian, ar remaval, 3 shauld be detached for retained by the haspi TO F VS A15 (4) 15M 9/5B

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2945	CERTIFICATE	OF	DEATH	

- 1	8030	Keg. Dist.	No.
	Dalamore Maryland	2. USUAL RESIDENCE (Whole deceased lived. If institution Residence b. COUNTY Sal	before admission)
	b. CITY OR JOWN (If outside corporate limits, write ANGTH OF STAY IN 16 RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	e nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	1 d. STREET ADDRESS 219 Bessley Cure.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Claudia down	of Cory OF DEATH Month	Day Year 60
	Finale White WIDOWED DIVORCED	4/30/1875   lost pirthdoy)   Months Di	YEAR IF UNDER 24 HRS. Dys Hours Min.
	10a. USUAL OCCUPATION (Give kind of fork dane 10b. KIND OF BUSINESS OR INDUS during nost of working life even if fetired)  Thouse William Control	new york n	EN OF WHAT COUNTRY?
	Isaac Lathiser	14. MOTHER'S MAIDEN MANNE Bayard	
	(You no, or unknown) (If yes, give way or dates of service) Undurum K	NFORMANT Colony 412 Lambeth	Drad.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	Cardin Vapular Vision	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which ) (b) ULE TO	nalorosis	
	gove rise to immediate cause (a), stating the underlying cause last.		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CALL CLIPPED CONTRIBUTING  CONTRIBUTING  CALL CLIPPED CONTRIBUTING  CONT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Port I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for those on m. 19 work of work the street of work	ACE OF INJURY (Home, form, 20f. (City or town) (Country, street, office bldg., etc.)	inty) (Stote)
	21. I certify that I attended the deceased from all land alive on MANA 10 1960 And that death	occurred at 9.7. M, from the causes and on the	
	ACTUAL SIGNATURE C. TOSA	M.D. 6805 (Stree), city or town, stote)	3/12/60
	PHYSICIAN'S KAURENCE CHOST	Baltimon 12	mg
	220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 3/14/60 CMS/	COMMATORY 22d. LOCATION (City. town or county)	Md (State)
1	18. FUNERAL DIRECTOR'S BIGNATURE ADDRESS ADDRESS ADDRESS	May 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGN DATE MAR 1 7 60 Outling 8, 1	

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	HE OF DEATH			
		STAND OF SHIP		
T. M. L. E. E.				
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		A TOLD THE STATE		
	}	TO SEE WAS BUILDING BUILDING BOOKING		
The first series of the series				

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2016 CERTIFICATE OF DEATH

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PLACE OF DEA					USUAL RESIDENCE (	Where deceose			ence befare a	dmission)
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	WN (If autside carporate lim	nits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	If outside corpo	rote limits, w	rite RURAL ond	give nearest	town)
FORT HO	WARD		50 DAYS		TRAP	PE			20x	2
d. NAME OF H	IOSPITAL (If nat in haspital,	give street	address)		d. STREET ADDRESS					S RESIDENCE
OR INSTITUT		TON F	IOSPITAL.		ROUT	E #2	Box 15	0		ON A FARMI
NAME OF	F	irst	Middle		Last	4. DATE	DUX ->	Month	Day	Year
(Type or print)		RINCE			COOPER	OF DEATH		MARCH	7.9	
X	6. COLOR OR RACE	_	RIED NEVER MARRI		TE OF BIRTH		9. AGE (In )		R 1 YEAR IF	
ALE		WIDOWI				200	last birthe	day) Months		ours Min
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during mast a	f warking life, even if retire	d)			Maria and the same			12. CI		
	EACHER (retir	ed) F	UBLIC SCHO		TRAPPE,		ND		U.S.	Α
ATHER'S NAM	₹E			14	. MOTHER'S MAIDEN	NAME				
JAMES C	OOPER				MARY CAMPI	ER				
WAS DECEASE	DEVER IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16.	SOCIAL SECURITY NO	17. INFOR	MANT			Address		
YES	W-1		19-01-9104	CLIN	REC VAH	BALTO :	MD FT	HOWARD	DIVIS	SION
B. CAUSE O	F DEATH [Enter only one o	ause per li	ne far (o), (b), and (c).							AL BETWEEN
PART	I. DEATH WAS CAUSED BY:	- ADI	ENOCARCINOM	A OF T	HE SIGMOI	O COLON	WITH			NOWN
15	9 19		DESPREAD ME					1 1 1 1 1	Olym	AL TANTA
onditions.	if any, which )	K WII	THE CHAINTEN	MUDITO	10					
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lying couse		(c)	CONTRIBUTING TO DE	ATU BUT NOT	DELATED TO THE TER	MAINTAL DISEAS	F. CONTRIVIO		DE 1/ 1/10 1	AVAC ALITOR
FARI	. OTHER SIGNIFICANT CO						E CONDITIO	N GIVEN IN PA	KI 1(0) 17. V	ERFORMED?
Operat	ion- Nov. 195	-	moval of th						YE	SON NO
or contribu	NT WAS UNDERLYING	20b. DES	CRIBE HOW INJURY O	CCURRED. (En	ter noture of injury	in Port I or Por	t II of item 1	B.)		
F EITHER, N	OTIFY MEDICAL EXAMINER)			11-12-5						
20c. TIME OF Haur	NJURY Manth, Day, Ye		NJURY OCCURRED	20e. PLACE (	OF INJURY (Home, for street, office bldg.,	orm, 20f. (City	or town)		(County)	(Sta
	p. m. 19	While at wor	k at wark	, , , ,	andon, office bidge,					
Logetify	that 🖏 (this haspita	al) attend	led the deceased	fram. I am	10mr 23	1060 101	Manah	7.2 10	60 that	44 /
2d. SIGNATU	eceased alive an Ma	TUI I	1700. , and	inai deair	accurred wil	19 Mil Tram	the cause	es and an tr	ne date ste	22b. DATE
Vers.	1.06	1	10000	101711	ATTENDING	MED.	STAFF			2 /7 SIG
c. PHYSICIA	N'S	A	) ax	M.D.	PHYS.   22d. ADDRESS	DIRECTOR [	PHYS.			2/14/
NAME (T	ype)	MID				mo 30	100 70	m 1704.14	~~ ~~	
ARIDA			•		VAH, BAI	TO. 18	MD. F	T. HOWA	KD DIA	ISION
JRIAL, CREA	MATION, 23b. DATE THERE	OF/	23c. NAME OF CEM			23d. LOCA	TION (City, to	own, or county	)	(Stote)
BURLA	3/15	160	PARADISE	CEMET	ERY	TRAP	PE, TA	LBOT CO	MARY	TAND
JNERAL DIRE	CTOR'S SIGNATURE		ADDRESS			C'D BY REGIS		REGISTRAR'S	IGNATURE	
	0 011771	2000	37 37	G+ D-1	A - 3 T DATE	MAR 2 2'	60	arthur,	S. Thous	

Picked up by Hearse by James Dashiell, Easton, Md. from Phillips Funeral Home, Balto. Md.

VR A1S (4) 1SM 9/59

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 more retained by the haspital or attending physician.

TO F RAL DIRECTOR: After certificate has been signed by the attending physician and company.

of ar attending physician. certificate has been signed by the attending physician and comuse as the burial-transit permit. Then please remave carban pap

page 3 should be detached in use as the burial-transit permit. Then please remaye carban paper the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 hours after death.

If in by the funeral directar, and 2 should be filed with

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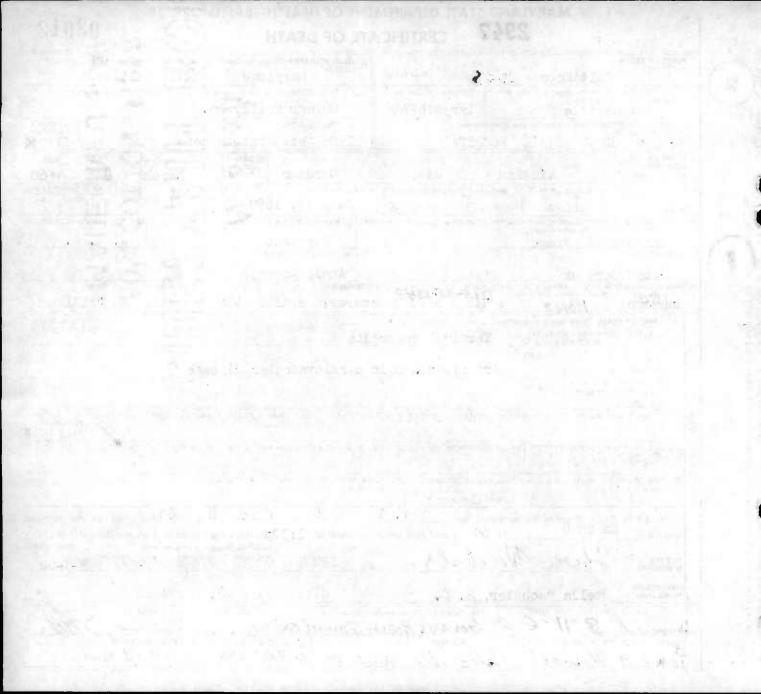
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MARYLAND STAT	E DEPARTMENT	OF HEALTH-BALT	IMORE, 18
2947	CERTIFICATE	OF DEATH	

()2912 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Baltimo re		MARYLAND	2. USUAL RESII a. STATE	Mary		d lived. If instituti b. COUNTY				on)
RURAL and give	(If autside carporate limits, nearest tawn) .Sville	write	c. LENGTH OF STAY IN 16  Lyr3mth27dys	1 -		ills,	rate limits, write F Md •	RURAL and a	give nea	rest tawn	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, giv		eddress)	d. STREET A		erstow	m Road	211			DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	First Willi	.am	Middle James	Los	dner	4. DATE OF DEATH	Mar		Day 8		ear 9 60
s. sex		MARRI VIDOWEI	ED NEVER MARRIED DIVORCED	B. DATE OF BIRT		890	9. AGE (In years last birthday) 69 yrs.		Days		
during mast of wa	ION (Give kind af wark da rking life, even if retired) Of garage	ne 10b. k	(IND OF BUSINESS OR INDU		ry lan	d	ountry)		. S.		OUNTRY?
Simon ( 15. WAS DECEASED EV (Yes. no. or ylycyn) unk (Yown	Cordner  ER IN U. S. ARMED FORCE  (If yes, give war or dates of serv	rice)	15-05-1348	Annie	SPRI		Add		OSPI	TAL	
Conditions, if gave rise to cause (a), stating lying couse last	immediate DUE TO		terioscleroti			-		VEN IN PAR	RT 1(a) 19	PERFO	RMED?
OR CONTRIBUTION (IF EITHER, NOTIF  20c. TIME OF INJU  Haur a.m.	G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Manth, Day, Year		Not while fo	ACE OF INJURY ( ctary, street, affice	Home, farm	n, 20f. (City		(0	Caunty)	YES [_]	NO (State)
21. I certify J	that I attended the clar ch 8	decease , 19 6	od fram. Nov. 1	accurred at	1:30 ING	ADDRESS (SE	the causes ar	state) HOSPI	e date	stated	
	3 -11 - 6		COVANS PAES		CEME		Bally		GNATUS	(State	7.
Franks to	Hewall.	Pa	lexalle on	nd e		AR 1 5 '6		Thun S.			

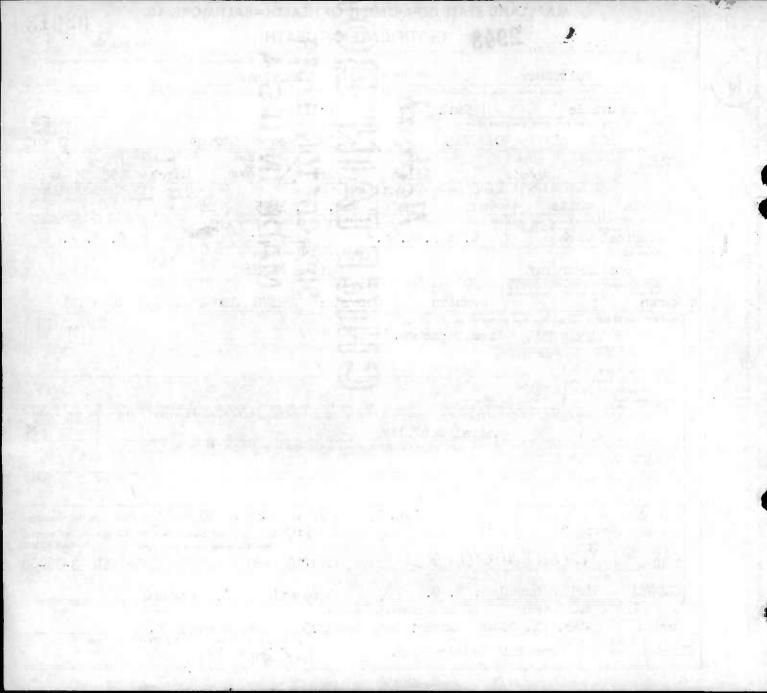


VS A15 (4) 15M 9/5B

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7 0	LACE OF DEATH		~~~	i ozikili				ere deceosed lived.		eg. Dist. No	
0	. COUNTY	Baltimore		MARYL	AND	o. STATE	Mary		. COUNTY	kesigence ber	ore damission)
Ь	CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR T	OWN (If a	utside corporate lin	nits, write RURA	AL ond give ne	earest town)
	Caton	ville		9mth13dys		Bal	timore	9		3	101.4
	OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d. STREET AL			& Enti-		e. IS RESIDENCE ON A FARM?
S		ROVE STATE	HOS	PITAL		735 1	Edgew	ood Stree	et		YES NO
D	IAME OF DECEASED Type or print)	Fir Bess		Middle Elle	n	Cordra		4. DATE OF DEATH	Month March	28	Year 19 60
5. SI			7. MARE	RIED NEVER MARRIE		B. DATE OF BIRTH		lost	birthdoy) M	UNDER 1 YEA	R IF UNDER 24 HR Hours Min.
	female	white	WIDOWI			Jan. 1		95 65	yrs.	/	
10a.	USUAL OCCUPATE	ON (Give kind of work or king life, even if retired	done 10b.			TRY 11. BIRTHPLA	CE (Stote	or fareign country)			OF WHAT COUNTRY
	clerica	al work		B. & O. R.	R.		Maryl	- P desired		U. S	5. A.
13. F	ATHER'S NAME	n. C ,				14. MOTHER'S		6000	7 1		
		lixCordray	anna I		1		ha Fi	nch			
(Yes,	no, or unknown) known	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	social security no. Unknown	1 32	ecords:	SPRI	NG GROVE	Address STAT	E HOSE	PITAL
T	18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (o), (b), and (c).]						IN	TERVAL BETWEEN
	PART 1. DE	ATH WAS CAUSED BY: "IMMEDIATE CAUSE (o	, Br	onchopneumo	nia					OIN	ISET AND DEATH
	491)	DUE TO									
	Conditions, if		1			PS -					
	gave rise to cause (a), stating	immediate (									
	lying cause lost		)								
NO.	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMII	NAL DISEASE CON	DITION GIVEN	IN PART 1(0)	19. WAS AUTOPS' PERFORMED?
S			Gen	eral debili	ity						YES NO
Ü	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	). (Enter noture of	injury in P	ort I or Port II af	item 1B.)		
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Manth, Day, Yes	20d. II While of wor	Not while		CE OF INJURY (Hory, street, office			vn)	(County	r) (Stot
	21. I certify t	hat I attended the	deceas	ed from Jun	e 1	19 59	to 1	March 28	19 60th	at I last sa	w the decease
		arch 28	196								te stated abav
	41170 411	r	3		ocaiii	decorred dig		ADDRESS (Street, c			DATE SIGNE
	ACTUAL SIGNATURE	Julla	Wa	cliver	^	A.D. SPR	IN G	GROVE ST	CATE HO	OSPITAL	3-28-6
	PHYSICIAN'S NAME (Type)	Stella Wad	hsle	r, M. D.		Cate	ns vi	lle 28, 1	larylan	i	
22a.	BURIAL, CREMATI	ON, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY OF			22d. LOCATION (			(Stote)
I	REMOVAL (Specify Burial	Mar. 31,	1960	Loudon 1	Park	Cemeter	У	Baltimo	re, Md.		
23. F	UNERAL DIRECTOR	r's signature neral Home	4210	ADDRESS Belair Road	1.		24a. REC'I	BY REGISTRAR	24b. REGISTR	AR'S SIGNATI	JRE Cross

APR 4

DATE



	ed in by the funeral director,	I and 2 should be filed with	
	CO. ERAL DIRECTOR: After is certificate has been signed by the ottending physician and candletely ed in by the funeral director.	passes should be detoched use as the burial-transit permit. Then please remove carbon page 18 1 and 2 should be filed with	event within 72 hours Ofter death.
may be retained by the hospital or attending physicion.	is certificate has been signed by	se os the burial-tronsit permit.	cremotion, or remayal, and in any
mox be retained by the hos	O ERAL DIRECTOR: After	per 3 should be detoched	the registrar prior ta burial,

( 1	P. PLACE OF DEATH Jaltunous MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before a STATE COUNTY b. COU	admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give perest source) C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If Jutside corporate limits, write RURAL and give neares 53 Waturs Edg (Dundalk	it town)
×	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION BUILINECK Road	0.000 00 64	IS RESIDENCE ON A FARM? (ES NO NO
	3. NAME OF DECEASED (Type or print) Lulliam Edward	Cranston DEATH March 1 5 - (	- 17
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   WIDOWED   DIVORCED	4000000 17-18/1 89 yrs.	dours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)  Making Palu	Menna am	unica_
F	13. FATHER'S NAME John Cranston	Harch Stafford	
-/	(19 n. no. or unknown) (If yes, give wor or dotes of service) 179-22-249)	Lillie Emma Cranston	
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (g).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	ONSET	and death
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-	in Ind	Eficite
	lying couse lost. (c)		PERFORMED?
		D. (Enter noture of injury in Port I or Port II of item 18.)	ES NO
	Z 20c. TIME OF INJURY , Month, Day, Year 20d. INSURY OCCURRED 20e. PI	ACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
	21. 1 certify that I attended the deceased from Jan 141 alive on 1) (1456 13 140 , and that death	occurred at 9,3 Troph the causes and on the date	
1	ACTUAL SIGNATURE DIVENUES	M.D. 1077 1 Masn St Patty	DATE SIGNED
	PHYSICIAN'S NAME (Type)	MA.10711. main 6. 12	ultory
	220. BURIAL, CREMATION, 22b. DATE THEREOF Burial 3/16/60 Physical	Cemetery Hephzibah Pennsylv	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Dundal	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE MAR 1 6 '60 Cuthur S. Frank	

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MARYLAND STATE DEPARTMENT OF HEALTH

2950

CERTIFICATE OF PARTMENT OF HEALTH

CERTIFICATE OF PARTMENT OF HEALTH CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

1	ı		1	
	OR: After certificate has been signed by the attending physician and camped d in by the funeral director,	etached for ese as the burial-transit permit. Then please remove carbon paper. Oges 1 and 2 should be filed with	1	X
		oges	death	
	mc/mc	-edu	tealth priar ta burial, crematian, or removal, and in any event, within 79 baurs after death.	
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2	Aft.	ched	# p	
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PLACE OF DEATH

		950	eol
mo he retained by the haspital or attending physician.	TO ERAL DIRECTOR: After certificate has been signed by the attending physician and camerate	page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper.	the State Board of Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after deal

Pa dire			0.	COUNTY DELL'OLLIOTE MARYLAND	o. STATE	ryland b. county	alto
death.			Ь.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		outside corporote limits, write RUF	RAL and give nearest town)
by the	X			NAME OF HOSPITAL (If hot in hospitol, give street oddress) OR INSTITUTION AT home	d. STREET ADDRESS Engelber	th Ave Box 230	e. IS RESIDENCE ON A FARM? YES NO
24 ho	d d		D	AME OF First Middle ECEASED ype or print)	Last	4. DATE Marchenth	60 Day Yeor
within	fier deo		S. SE	Argaret Cremer  6. COLOR OR RACE 7. MARRIED NEVER MARRIED    female white widowed K DIVORCED	B. DATE OF BIRTH June 1870		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
xecuted d cam	papers of		10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired) at home	Germany	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
e pe e	in 72	)	13. F	ATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
certificat g physici	vent, with			John Ott  WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III  (If yes, give war or dates of service)	Kunigunda ' Mormani Enge Irs Marie Enge	? elberth Engelber	th Ave 21 Md
attendin	in any e	1	T	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	t. He	at Discus	INTERVAL BETWEEN ONSET AND DEATH
that the	7. Iner			420.0 DUE TO  Conditions, if ony, which)	1 am	tenden	is 4m.
equires in.	r perm			gove rise to immediate couse (a), stating the under-lying couse lost.			
physicia as been	atian, o	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	minal disease condition give	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: The	the bur al, crem		Ö	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in	n Port I or Port II of item 1B.)	
PHYSIC Land	ta buri		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work □ 19	LACE OF INJURY (Home, for octory, street, office bldg., e	m, 20f. (City or town)	(County) (State
VDING haspite	ched to			21. I certify that (I) (this haspitol) attended the deceased frame sow the deceased alive on more 2 1960, and that		959 ta Mwul 5	, 19.6.0, that (1) (wee) las
d by the	of Hea			220 SIGNAJURE) Y. Lyke, M.D.	ATTENDING	MED. STAFF PHYS.	22b.DATE SIGNED
retaine	should e Board	/		22c. PHYSICIAN'S ROBERT J. LYDEN, M.D.	· 815 Ca	stem dre Be	lt 21, md.
HOSP	poge 3 the State		23a.	BURIAL, CREMATION 23b. DAJE THEREOF 23c. NAME OF CEMETERY COMMON STREET, 23c. NAME OF	OR CREMATORY	23d. LOCATION (City, town, ac	county) (Stote)
VR A1S (4	2		24. F	UNERAL DIRECTOR'S SIGNATURE ADDRESS WHITE HOLD HOME 4210 B	Pl /	- 100	RAR'S SIGNATURE  2. Known
	1						

ZENSU

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	18	alteriore	51	CERTIF	FICA	TE OF DEATH	1	Reg. Dist. N	lo.
1.	PLACE OF DEATH o. COUNTY	3004 Dubo Parkville	100	TVE MARYL	AND	2. USUAL RESIDENCE (Who STATE Maryland	ere deceased lived. If institut b. COUNTY		fore admission)
	b. CITY OR TOWN RURAL and give	(If outside corporate limi nearest town)	ts, write	c. LENGTH OF STAY II	N Ib	C. CITY OR TOWN (IF O	outside corporate limits, write	RURAL and give n	earest tawn)
	d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital, g N	ive street o	ddress)		d. STREET ADDRESS 3004 Dubo	is Ave		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Frank	st	Middle P.		Cremona	4. DATE Mo OF DEATH March		960 19
S.	Male	6. COLOR OR RACE White	7. MARRII	ED NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In years last birthday) 74 yrs	Months Days	AR IF UNDER 24 HRS. Hours Min.
	Electri	orking_life, even if retired	)		INDUS	Palermo	Italy	12. CITIZEN  Ital	OF WHAT COUNTR
13	. FATHER'S NAME					14. MOTHER'S MAIDEN N			
		VER IN U. S. ARMED FOR	ervice)	OCIAL SECURITY NO. 01-14-218		Carmela FORMANT ary G. Crem	Add	ubois 1	Ave,
	PART I. D  154  Conditions, if gave rise to cose (o), stotin lying couse los	immediate put to the under-	) <u>C</u>	ancina			clum	OI	ITERVAL BETWEEN NSET AND DEATH
CERTIFICATION	PART II. O	OTHER SIGNIFICANT CON	DITIONS <u>CC</u>	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
		WAS UNDERLYING  NO CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DESC	NO YAULNI WOH BEIN	CURRED	). (Enter nature of injury in P	Port I ar Part II af item 18.)		
MEDICAL	20c. TIME OF INJU Hour o. m p. m	1,	20d. IN While at work	Not while	20e. PLA foci	CE OF INJURY (Home, farm, tory, street, office bldg., etc.	20f. (City or town)	(Count	y) (State)
	21. I certify alive an  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the MARIELY  /K  A  /K  A	decease 19 G Gr			occurred at 6 %	M, from the causes of ADDRESS (Street, city or lown,	and on the d	
	Ro. BURIAL, CREMAT REMOVAL (Specil BUTIAI			New Cath		-	22d. LOCATION (City, town, Baltimore		(State)

240. REC'D BY REGISTRAR MAR 1 7 '60

24b. REGISTRAR'S SIGNATURE
CITCHING & FIRM

23. FUNERAL DIRECTOR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the dooth certificate be executed within 24 haurs after death. Page 4 lled in by the funeral director, ges 1 and 2 shauld be filed with NERAL DIRECTOR: Afficies certificate has been signed by the ottending physicion and content and should be detached use as the burial-transit permit. Then please remove carbon pathe registror priar to burial, crematian, or remayal, and in any event within 72 hours often death may be retoined by the haspital or attending physician.

\*NERAL DIRECTOR: Aff

\*is certificate has been si

\*je 3 should be detoched

\*use as the burial-transit VS A1S (4) 15M 9/55

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Application of the second			

VS A15 (4) 1SM 9/SS

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2952

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

- 5		
1	o. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  DOTE
	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITYOR TOWN (If outside carporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS.  d. STREET ADDRESS.  ON A FARM?
	3. NAME OF First A Middle	Last / 4. DATE CO Month Day Year
	OECEASED (Type or print) ADELINE CK	OSBI DEATHMARCH 1ST 1966
	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED   DIVORCED	8. DATE OF BIRTH 4. 9. AGÉ (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	Too USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 1]. BIRTHPLACE (Stote of foreign country) any 12/6/11/2EN OF WHAT COUNTRY?
	JAMES TURNER	RATHERINE SARAH BELL
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes, give wor or dates of service)	NFORMANT (SON) 3570 Address Baltiment 6,
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Voscula occider 2/23/60
	SSIX DUE TO	1000
1	Conditions, if ony, which gove rise to immediate DUE TO	Like Like
ļ	lying couse lost.	
0	COATK	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO (S)
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to 19 While Not while at work at work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that I attended the deceased from 129	, 1927, ta 3/1 , 196 Sthat I last saw the deceased
	alive an 19 47, and that death	accurred at 1.15 M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
	SIGNATURE COMPT &	M.D. \$405 Ed mis on 3/4
	PHYSICIAN'S CLIFF RATLIER	2. Balli- 29, W.
0	220 BURIAL CREMATION, 226. DATE THEREOF 220 NAME OF CEMEJERY OF REMOVAL (Specify) March 4, 1960 Dislatin Man	or CREMATORY, 22d LOCATION (City, town, or country). (Stote) A, A weed one tary Crasses and Millers will comp
74	Bown Ferry Jon 4005 Flan Cost	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Circling & House

haurs after death. Page 4 led in by the funeral director

SPITAL OR ATTENDING be retained by the haspi WERAI DIRECTOR: Afte

HYSICIAN: The law requires that the death certificate be execute ar attending physician.

S certificate has been signed by the attending physician and car

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2052 CEPTIFICATE OF DEATH

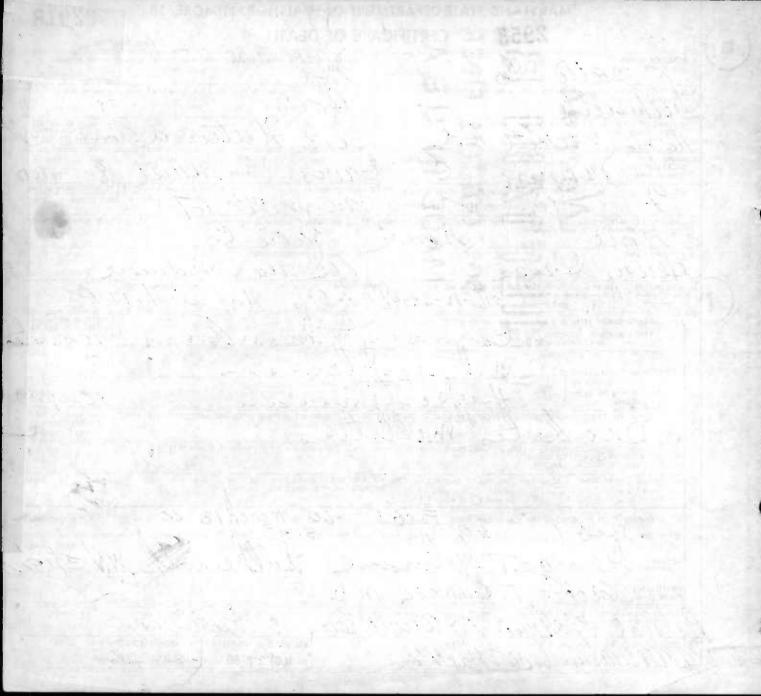
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Pages 1 and 2 should be filed with

page 3 should be detoched to use as the buriol-transit permit. Then please remove corbon pop-the registror prior to burial, cremation, or remavol, and in any event within 72 haurs after death.

5 (4) 9/58

IL	2000	CERTIFICA	ALE OF BEATTI	Reg. Dist	. No.		
1.	o. COUNTY Ballo Co	MARYLAND	2. USUAL RESIDENCE (Where dec	eased lived. If institution: Residence b. COUNTY	before admission)		
7	BUTY OF TOWN! (Houtside corporate limits, write RURAL and give nearest # wn)	c. LENGTH OF STAY IN 1b	c. CITYOR TOWN of autside of	corporate limits, write RURAL and gi	ve nearest tawn) 3 VO /, 4		
	d. NAME OF HOSPITAL (I novin hospital, give street I R INSTITUTION Likett	Rel	3013 He	retwood a	e. IS RESIDENCE ON A FARM? YES NO		
3.	NAME OF DECEASED (Type ar print)	CMi die	Davis 4. DA	ATE Month	18 19 60		
S.	SEX 2 6. COLOR OR RACE 7. MAR. WIDOW		Sale of BIRTH Jale 22189		YEAR IF UNDER 24 HRS. Days Haurs Min.		
L	a. USUAN OCCUPATION (Give kind af wark dane during most af working life, even if retired)	RIND OF BUSINESS OR INDU	Bullo	ign county) 12. CITIZ	EN OF WHAT COUNTRY?		
13	Heury Srine		14. MOTHER'S MAIDEN NAME	Ikedinor	e		
130	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  11. no, or unknown) (If yes, give wor or dates of service) (2)	16-12-65992	aughle 11	orto Vichet	1 Rd		
	18. CAUSE OF DEATH [Enter only one couse par li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine far (a), (b), ond (c).]	y phran	flaring	INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if any, which)  (b) Alliaselliaselliase						
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  (c)	repent	ensia	3	10 yes		
NOTACI	PART II. OTHER SIGNIFICANT CONDITIONS	CONSTRUCTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
I CERTIFI			D. (Enter noture af injury in Part I o				
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur o. m. 19 While at wor	Nat while for	ACE OF INJURY (Hame, farm, 20f. ctary, street, affice bldg., etc.)	(City ar tawn) (Co	ounty) (Stote)		
	21. I certify that I attended the decease alive an 19.	2 0	accurred at 30 M, fr	Ch. 18, 1967, that I las			
	ACTUAL GLAGET.	Gilma		Street, city ar town (tate)	DATE SIGNED		
	PHYSICIAN'S GEORGE T.	GILMORE, 1	n.D.	1			
2	Burial, CREMATION, 226 DATE THEREOF BENOVAL (Specify)	MY OLWY	R CREMITORY 22d. L	Sell ned	(Stote)		
12	Millulluy 6067	Hastild	240. REC'D BY RI DATMAR 2 2				



02919

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1.	PLACE OF DEATH				19	SIDENCE (Where deci			perfore admission)
1		altimore		MARYLAND	o. STATE	Maryland	b. COUN		٧
	b. CITY OR TOWN (If a and give nearest town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 1b	c. CITY OF	TOWN (If outside of	orporate limits, write	RURAL and give	nearest town)
_	Catons		FOSI.		-	Baltimore		3	VO1,4
	d. NAME OF HOSPITA	L OR INSTITUTION (I	f not in hospite	al, give street address)	d. STREET	0			e. IS RESIDENCE ON A FARM?
-	SPRING GRO	VE STATE	HOSPI	TAL	3	N. Potoma	c Street		YES NO
3.	NAME OF DECEASED (Type or print)	Fin Jame		Middle W.	DeBal	d Sr. 4. DATE OF DEATH	Marc	1 40 -	960 Year
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED   8	DATE OF BIRTH	н	9. AGE (In years last birthday)	IF UNDER TYEA	
	male	white	WIDOWED [	DIVORCED	Feb. 16	. 1897	63 yrs.	Months Days	Hours Min.
10	. USUAL OCCUPATION	N (Give kind of work of life, even if retired)	ione 10b. KIN	ID OF BUSINESS OR INDUST	RY 11. BIRTHPL	ACE (Stote or foreign	country)		OF WHAT COUNTRY?
	mechani					ennsy bania		U. S	. A.
13	FATHER'S NAME	A 11/1/2015			14. MOTHER'S	MAIDEN NAME			
	Andrew	Pitt DeBal	LH .			Mathilda	Teofila	??	
15	. WAS DECEASED EVEL	R IN U. S. ARMED FOR		OCIAL SECURITY NO. 17. M	FORMANT		Addres	8	
	unknown	none		amown ues Rec	ords:	SPRING G	ROVE STA	TE HOSP	ITAL
	18. CAUSE OF DEATH	H [Enter only one cau	se per line for	(a), (b), and (c).]	)	/	1 10	IN	TERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY:		-6	ande	as fa	lur	On the second	ISEL AND DEATH
	936 7 DUE TO D								
	Conditions, if on			Lound	000	rscula	~ disi	2000	
	gove rise to immedi	ote couse		7 .2	0	11	00		
	(a), stoling the uncouse lost.	(c)	45	hader	u le	Minny	Hear	-	
Z	PART II, OTHE	R SIGNIFICANT CON	DITIONS CONT	TRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISE	SE CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPSY
) M									YES NO
CERTIFICATION	20a. EXTERNAL CAUS	SE WAS 20	b. DESCRIBE H	OW INJURY OCCURRED. (E	nter noture of in	njury in Port I ar Port	Il of ilem 18.) Pt	. was for	und at II:
-	CAUSE OF DEATH.	a l	m. on	3-8-60 with	a disid	cated rig	nt Temur.	Just h	ow this
MEDICAL	20c. TIME OF INJURY	Month, Day, Yea	r 20d. INJ	URY OCCURRED 200. PLA	CE OF INJURY (	Home, form, i 20f. (C	ity or town)	(County)	(State)
3	unknown.	? 19	While of work		ory, street, office	C.	atonsvill	e 28, Ma	ryland
	21. I certify the	at I took charge	of the rer	mains described abo	ve, held an			7	ond find that
	death resulted	from: Natural	causes [],	Accident 4, Sui	cide [], H	lomicide   ,	Undetermined	cause .	-
	1	21 1	_ /	/ //					
	ACTUAL	Ver	MIC	reffer	M.D. CHIEF A	MEDICAL EXAMINER		1	DATE SIGNED
				11		NT MEDICAL EXAMIN	NER 🗌	111. 1	
1	EXAMINER'S NAME (Type)	George M.	. Kieff	Cer, M. D.	DEPUTY	MEDICAL EXAMINER		The	1860
22	BURIAL, CREMATION	, 22b. DATE THEREO	F 22	c. NAME OF CEMETERY OR	CREMATORY	22d. LOC	ATION (City, town,	or county)	(State)
	REMOVAL (Specify)	March 16,	1960	Holy Rosary	(emt.	Bal	timore,	Marylan	d
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24g. REC'D BY REGI	STRAR 24b. REG	ISTRAR'S SIGNAT	
0	John A. Mo.	nan 3000	E. Ba	ltimore St.		DATE MAR 1 5	'60 C	billion S. Th	AMA

VS. A15ME(5) 5M 9/5\$

MENDALENAMINERS CERTIFICATE OF SEATH PARTY CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE PART Area Lander densities . IS the borner The state of the s

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 d in by the funeral director, and 2 should be filed with 090 may be retained by the haspital or attending physician.

TO for RRAL DIRECTOR: After certificate has been signed by the attending physician and cample to shauld be detached for as the burial-transit permit. Then please remove carbon paper the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after degrif.

2955 CERTIFIC	CATE OF DEATH  Reg. Dist. No.
o. COUNTY BOLL MORE MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Summiz Wursing Lowe	1 d. STREET ADDRESS. 1250 Sulpher Spring Rd e. IS RESIDENCE ON A FARM? YES NO D
N. NAME OF DECEASED (Type or print) CGNLS Middle	1 L L F HINT DEATH Month Doy Year DEATH DEATH 13 19/00
Female    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Months Days Hours Min
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY:
JERDINAND DEBOY	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown)  Ilt yes, give wor or defea of service)	10HN FERRALL 206 Elm Reda
IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	onchopneumonia. Interval Between onset and Death 5 days
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO  (b)  DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  1. Ateriosclerotic CVD 2. Rheu	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	INATOIC ARTHRITIS, SEVERE YES NO IX
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of wark	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) (City or town) (County) (Stote)
1 A A 1. 11	ath occurred at 2:308 M, from the causes and an the date stated above
PHYSICIAN'S NAME (Type) Herbert J. Levickas	Baltimore-27, Md.
20. FURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY Bon 22d TOCATION (City, town, or county) (Stote)
1. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CAS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Circhan S. Thomas

The part of	A HITARD ROS	SUSS CERTIFICATI	
The second second		EDATE AND A STATE OF THE STATE	THE PARTY N
The second of th		CHILDREN COLUMN	
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		DESCRIPTION OF A	
Herman and the complete state of the complet	- (303:2) - (303:2)		region to the Gilbert 1 (1) Franchiscopy
	Taltimo: ar, mg	antelval . It	rested Committee
The fellow of the force of			Proseculate and Antidon

MARYLAND STATE DEPARTMENT OF HEALTH- SACTINGOR, YE

ADDRESS

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE

within

41-34 (a) (a) (a) (a)	HTARO RO STA			
mental mental		SHETTERNE		HEADT SAN FIRM
		Attended to the state of the		
Bill A.A.	9000 1000 2			
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		The strong of the set		
				AC YELLAR DI

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EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and build be forwarded to "Chief Medical Examiners's Office along with form PM3. Page 6. NERAL DIRECTOR: P.C. should be used as a burial-transit permit. File page, and its designated agent, prior to burial, cremotion, or removal, and in any event of this 72hou its designated ogent,

	FC	OR	\$1	A
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pleos	Pog	State Board of Health,	1	
ssary	ector	your d	1	1
s nece	ol dir	Boar		
slay i	uner	totte	eath.	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2957

Reg. Dist. No. 2922

Decrease			COUNTY	Barto	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. If instit b. COUNT	ution: Residence before admission) TY
3. NAME OF DECRASED   First   Mouth   Doy   Year   DECRASED   S. SEX   S. COLOR OR RACE   7. MARRIED   TRYER MARRIED   S. DATE OF BIRTH   DEATH   DOY   Year   DEATH   DOY   Year   DEATH   DOY   DEATH   DOY   DEATH   DOY   DEATH   DOY   DOY   DEATH   DOY   DOY   DEATH   DOY   DOY   DEATH   DOY   DO	)	b	. CITY OR JOWN III of one give thorest town)	utside corporate limita mere RURAL		CITY OR TOWN (III	f outside corporate limits, write	RURAL ond give neorest town)
3. NAME OF DEATH   STEED   First   Migoth   Day   Migoth   Migo		d	NAME OF HOSPIFAL	OF HISTITUTION (IF not i	n hospital, give street address)	111111	rislem a	ON A FARM?
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 18. DATE OF BIRTIN  WIDOWED DIVORCED NOT SET 11. GIVEN THE MEMBER 19. DATE OF BIRTIN  WIDOWED DIVORCED NOT SET 11. GIRTHPIACE (Stote or foreign country)  10c. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY  11. GIRTHPIACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. HAS DECEASED EVER IN U. S. ARMED FORCES? 10b. SOCIAL SECURITY NO. 17. INFORMANT  13. WAS DECEASED EVER IN U. S. ARMED FORCES? 10b. SOCIAL SECURITY NO. 17. INFORMANT  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 10b. SOCIAL SECURITY NO. 17. INFORMANT  16. CAUSE OF DEATH Enter only one cause per him for (o). (b). and (c). 1  PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10c) 19. WAS AUTOPSY PERFORMED. (c). 10b. in immediate couse (c). 10c. 10b. 10b. 10b. 10b. 10b. 10b. 10b. 10b			DECEASED	amle S.S	middle N N	lost	OF A	Doy Yeor
NO. USUAL OCCUPATION (Give kind of work, done   10b. KIND OF BUSINESS OR INDUSTRY   11. BITHPHACE (Stofe or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. FATHER'S NAME   14. MOTHER'S MAINEN NAME   14. MOTHER'S MAINEN NAME   15. WAS DECEASED EVER IN U. S. ARRED FORCES?   16. SOCIAL SECURITY NO   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH [Enter only one cause per him for (o). (b). ond (c).   18. CAUSE OF DEATH [Enter only one cause per him for (o). (b). ond (c).   19. COUNTRY   10. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH   16. CAUSE (a) Security   16. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   17. INFORMANT   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   18. CAUSE OF DEATH WAS CAUSED BY:   18. SOCIAL SECURITY NO   18. CAUSE OF DEATH W		5. \$	EX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE III years	IFUNDER TYEAR IF UNDER 24 HRS.
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH [Enter only one couse per time for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  DUE TO  Conditions, if ony, which gover into loimediole couse (o), stoling the underlying DUE TO  Conditions, if ony, which gover into loimediole couse (o), stoling the underlying DUE TO  Conditions, if ony, which gover into loimediole couse (o), stoling the underlying DUE TO  Conditions, if ony, which gover into loimediole couse (o), stoling the underlying DUE TO  Conditions, if ony, which gover into loimediole couse (o), stoling the underlying DUE TO  Conditions, if ony, which gover into loimediole couse (o), stoling the underlying DUE TO  Constitution of one underlying DUE TO  Constitution o	Ħ	0	1			May 23 18	41 68 yrs.	Months Days Hours Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  18. CAUSE OF DEATH   Enter only one couse per him for (o). (b). and (c). 1  PART I. DEATH WAS CAUSED BY.  DUE TO  Conditions. If any, which gove rise to immediate couse (o), stoling the underlying (o), stoling the underlying (o), stoling the underlying (couse) lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 17. WAS AUTOPSY PERFORMED YES IN NO. 18. THE NOTICE OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 17. WAS AUTOPSY PERFORMED YES IN NO. 18. THE NOTICE OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 17. WAS AUTOPSY PERFORMED YES IN NO. 18. THE NOTICE OF PART II. OTHER III. OTHER I		10a.	uring most of working	life, even if relired)	Ob. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
18. CAUSE OF DEATH   Enter only one course per time for (o), (b), and (c).		13.				14. MOTHER'S MAIDEN	NAME	
18. CAUSE OF DEATH   Enter only one course per time for (o), (b), and (c).	N		Thoma	is Duna	way	deletin	& DEOU	
PART I. DEATH WAS CAUSED BY:					16. SOCIAL SECURITY NO. 17. II	Larah D		1/ /)
Conditions, if ony, which gover rise to immediate couse (c), stotie)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  YES NOT THE VALL CAUSE WAS PERFORMED?  YES NOT THE OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Indoor, form, 20f. (City or town)  20c. TIME OF INJURY Month, Doy, Yeor of work of			PART I. DEATH	WAS CAUSED BY:	Donald			INTERVAL BLTWEFN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES NOT PERFORMED.  YES NOT P			gove rise to immedi- (o), stating the un	y, which (b) ote couse DUE TO				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or lown) (Sounty) (Mile Not while of work of wo	)	CATION			NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GI	PERFORMEDA
21. I certify that I taak charge of the remains described abave, held on Autopsy Inspection Inquiry and in my opinion death resulted from: Natural couses Accident Suicide Homicide Undetermined manner  ACTUAL SIGNATURE  EXAMINER'S M.B. DAVIS M.D. CHIEF MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D			PRIMARY (2) or CON' CAUSE (2) DEATH.	TRIBUTING []	JULY from Q	con ente	Kevni set S	Ot
opinian death resulted from: Natural couses   Accident   Suicide   Homicide   Undetermined manner    ACTUAL SIGNATURE   ASSISTANT MEDICAL EXAMINER    EXAMINER'S NAME (Type)   ASSISTANT MEDICAL EXAMINER    DEPUTY MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER    20. BURIAL CREMATION. 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City town or county) (State)	3	MEDICA	n.	3-4 1960	While Not while of work of work	CE OF UNIURY (Home, formory, stopes, office bldg., etc.	n. 201. (City or town)	- Basto - Mile
ACTUAL SIGNATURE  EXAMINER'S M.B. DAVIS M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY								
EXAMINER'S NAME (Type)  220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town or county) (State)				mBo	aris	CHIEF HEDICALE		
REMOVAL (Specify) 2 3 0 / 0 12 1	_			M.B.DA	vis mo			98/60.
		1	SEMOVAL (Specify)	3-10-60	1 1 1 1	pel com	northunberl	and Cora
23. FUNERAL DIRECTOR'S SCHÄTUREN 1348 M. COORESSION N 240. RECTORY SEGISTIAN & SIGNATUREN 1348 M. COORESSION N DATE 1240. RECTORY SEGISTIAN & SIGNATUREN 1348 M. COORESSION N DATE		23.5	PUNERAL DIRECTOR'S	EERSTURN 134	8n. Calhan		Carried Co.	

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	29:					Reg. Dist. N	0.
1. PLACE OF DEATH o. COUNTY	Baltimore Cour	ity MARYLAND	a STATE	ENCE (Where decease	ed lived. If instituti b. COUNTY		fare admission)
b. CITY OR TOWN RURAL and give r	(If autside carporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TO	imore 12	porote limits, write R	RURAL and give n	earest tawn)
d. NAME OF HOSP OR INSTITUTION	500 Hather		d. STREET AD	DRESS Hatherlei	gh Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Myrtle	Roberts	Dunc	an 4. DATE OF DEAT	M-	rch 2	9 19 60
5. SEX Female	6. COLOR OR RACE 7. MARI		July 13	,1886	9. AGE (In years last birthday) yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATI during most of wa	ION (Give kind af work dane 10b. rking life, even if retired)	KIND OF BUSINESS OR INC		CE (State or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME	WIIE		14. MOTHER'S			-	
	Joseph R. Rober	te	Marga	ret A. Ta	wlor		
	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT by Single		Add		gh Road
	ATH [Enter only one cause per li ATH WAS CAUSED BY:		1 111	0	50110	/2 IN	TERVAL BETWEEN
353.	IMMEDIATE CAUSE (a)	· I made	Jary,	Telle 1	ne		12 Cax
Canditions, if gave rise to	immediate ( DUS TO	18em,	aory	6 9 10	Mescu	0	403
cause (a), stating	rne under-	1441	sute	INTEL	4		left.
PART II. O1	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIV	VEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO [3]
20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING (1) 20b. DES (2) CAUSE OF DEATH (2) MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature af	injury in Part I or Pa	art II of item 18.)		
ZOc. TIME OF INJU Hour o. m. p. m.	RY Manth, Day, Year 20d. I 19 While at war	Not while	PLACE OF INJURY (H factary, street, affice		ity ar tawn)	(Count	y) (State)
	hat I attended the deceas	1 13	7 , 19.65	11 01	6		w the deceased
alive an	19 (19)	2.(1, and that dea	th occurred at_		the causes ar (Street, city ar town,		te stated abave
SIGNATURE	41111119	12/1/2	_ M.D	04661	Cellyly		2/29/6
PHYSICIAN'S NAME (Type)	GEO, W. DI	Elfor F		the seas case the same then the the thir same and the the thir			
22a. BURIAL, CREMATI RBAOVAL (Specify		22c. NAME OF CEMETERY			ATION (City, town,		(State)
Burial 23. FUNERAL DIRECTOR	4/2/60	Loudon Par		24a. REC'D BY REGI	imore, Ma	ITYLANG	TIPE
	owson, Inc., 1050		Towson 4	DATE APR 1		rilun d, th	

requires that the death certificate be executed within 24 haurs after death. Page attending physician and cam n please remave carban pape within 72 haurs after death Then please ertificate has been signed by as the burial-transit TO HOSPITAL OR ATTENDING PHYSICIAN: The law 3 should be detached for RAL DIRECTOR: page the reg 101 VS A15 (4) 15M 9/5B

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THE PARTY

in by the funeral directar, and 2 should be filed with

HIARD TO STADE DED. P. CO.

Sign Stanforded Occ file maintain in 1000 THE REPORT OF THE PARTY OF THE brown reduction of the contract of the contrac

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O E O

VS A15 (4)

15M 10/57

MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH-	-BALTIMORE,	18
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CEKIIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Raltimore Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville חר Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO St. Charles College Catonsvilla NAME OF Middle 4. DATE Lost Yeor DECEASED (Type or print) Rev. William F. Dwyer S.S. DEATH 1960 March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH S. SEX 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Male White WIDOWED [ DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Roman Catholic Priest Hartford. Conn 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Dwver Elizabeth Martin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT St. Charles College (If yes, give wor or dates of service) Catonsville, Md. Very Rev. John F. Linn 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the under lying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NOK 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from 19 that I last sow the deceased olive on ond that deoth occurred ot\_ M, from the couses and on the date stated above. ADDRESS (Street, City or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Catonsvi 23. FUNERAL/DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

## MARGINARIO STATE DESARTMENT CE HEALTH DE STRIKOSE, 191

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 200C CEPTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 more received by the haspital or attending physician.

TO ERAL DIRECTOR: After certificate has been signed by the attending physician and cameral or the first page 3 should be detached for use as the burial-transit permit. Then please remave carban page 1 and 2 shauld be filed with the State Board at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours offer death. VR A15 (4) 15M 9/59

~3U6	CERTIFICA	IE OF DEATH	
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If inst a. STATE Maryland b. COU	itution: Residence before admission)  NTYBaltimore
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  AT OUTUS	c. LENGTH OF STAY IN 16  3 Months	5. CITY OR TOWN (If outside corporate limits, wr Arbutus	ite RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION 5536 ASHBOURNE Rd.	address)	/ d. STREET ADDRESS 5609 Oregon Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Jerone M. Eckh	Middle ardt, Jr.	0.5	Month Day Yeor 20, 1960 19
5. SEX 6. COLOR OR RACE 7. MARK Male White WIDOW		B. DATE OF BIRTH  January 31, 1926  9. AGE (In y. lost birthd 34	ory) Hanths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  Fletrician  P	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
No. WAS DECEASED EVER IN U. S. ARMED FORCES? (fer, no. or unknown) (If yes, give wor or dates of service)  Ves  W.W.11		Alice G. Lawless	Address O9 Oregon, Ave.
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS	NERAL CA	MA OF THE SIGN NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN M PART 1(0) 19. WAS AUTOPS: PERFORMED? YES NO F
2	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I ar Part II of item 18	
20c. TIME OF INJURY Month, Day, Year 20d. II Haur a. m. While p. m. 19	Nat while fac	ACE OF INJURY (Hame, form, 20f. (City or tawn) tary, street, affice bldg., etc.)	(Caunty) (State
21. I certify that (I) (this haspital) attends saw the deceased alive an MARON		Nov. 2 1959, to $MAR$ leath accurred at $9AM$ , from the causes	20, 1960, that (I) (we) last and an the date stated above
220, SIGNATURE COLOR SIGNATURE	790	M.D. PHYS. DIRECTOR STAFF PHYS. DIRECTOR PHYS. D	3/1/60 22b. DATE SIGNE
NAME (Type) Albert R.W.	ilkerson M.	0. 1200 St. Paul 5	<i>†</i>
230. BURIAL, CREMATION, 23b. DATE THEREOF BUrial 3/24/60	23c. NAME OF CEMETERY O	al Cometery Baltimo	re,Md.
24. FUNERAL DIRECTOR'S SIGNATURE  Combress Mrs. 1328	Sulphus be	250. REC'D BY REGISTRAR 25b.	Children & Hungar

ESPATE. THE RELEASE SHEET SHEET AND A SHEET The second secon The latest the second of the s The Park of the second stable to the second stable

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02926 296 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) Cremo PLACE OF DEATH o. COUNTY o. STATE b. COUNTY LTIMORE MARYLAND Page b. CITY OR TOWN III outside corporate limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE KINGSTON YES NO T NAME OF DATE Month Year DECEASED OF (Type or print) DEATH 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE fin years IF UNDER TYPAR IF UNDER 24 HRS. Months WIDOWED A DIVORCED T 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ELECTRICIAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FISHER 40 Page 16. SOCIAL SECURITY NO. File 3 RD-BOX. 105 KEITHLEY Give M. EFFORD INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per time for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 00 PERFORMED? YES | NO [ 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while o. m. at work ot work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection I Inquiry and find that to the Chief. DIRECTOR: Natural causes Accident . Suicide . Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE **JERAL** ASSISTANT MEDICAL EXAMINER

5M 9/55

FUNERAL DIRECTOR'S SIGNATURE

**EXAMINER'S** 

NAME (Type) 220. BURIAL, CREMATION,

DEEMER

22c. NAME OF CEMETERY OR CREMATORY

240. REC'D BY REGISTRAR

DEPUTY MEDICAL EXAMINER

24b. REGISTRAR'S SIGNATURE

MAR 2 2 '60

22d. LOCATION (City, town, or county)

(Stote)

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E & D. Marie			
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certificate has been signed by the attending physician and cam use as the burial-transit permit. Then please remave carban pape

the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02927

2967	CERTIFICATE	OF DEATH
6301	CERTIFICATE	OL DEVI

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401		Reg. Dist. 140.
1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Prince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville	c. LENGTH OF STAY IN 16 6yrlmth12dys	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  25 Parkway Drive - Washington, D. C.
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION SPRING GROVE STATE HOS	oddress) PITAL	d. STREET ADDRESS  16.15.2 e. IS RESIDENCE ON A FARM? YES NO [ NO [
3. NAME OF First DECEASED (Type or print) Emmet	Middle Arthur	Last 4. DATE Month Day Yeor OF DEATH March 1 1960
s. sex 6. COLOR OR RACE 7. MARK male white widow	RIED NEVER MARRIED A	8. DATE OF BIRTH August 31, 1878  9. AGE (In years left under 1 YEAR IF UNDER 24 HF Months Days Haurs Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  cabinet maker	KIND OF BUSINESS OR INDU	Washington, D. C. U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Arther Elmore  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	Jenny INFORMANT Address
(Yes, no, or unknown) Unknown (If yes, give war or dates of service)	TT -	ecords: SPRING GROVE STATE HOSPITAL
gove rise to immediate couse (a), stating the under-lying couse lost.		cardiovascular disease  T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH Ulf EITHER, NOTIFY MEDICAL EXAMINER	CRIRE HOW INJURY OCCURRE	PERFORMED? YES NO DEC. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. II	NJURY OCCURRED 20e. PL	LACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (Statisticory, street, office bldg., etc.)
21. I certify that I attended the decease alive an March 1 , 1960	sed from Feb. 1  O , and that death	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 3-4-60	22c. NAME OF CEMETERY C	
23. FUNERAL DIRECTOR'S SIGNATURE	NASSA. D.	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ATTHUM S. Thank

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2962 Rea Dist No.

02928

1. PLACE OF DEATH o. COUNTY	Baltimore		MARY	LAND		Mary		ed lived. If Institu b. COUNT			mission)
and give nearest low	(If outside corporate limits, write lit on) atons ville		ur3mth3dy		pm 1 -	sdow		orote limits, write	RURAL ond gi	ve nearest	town)
	TAL OR INSTITUTION (IF IN GROVE STATE			)	d. STREET AD		Avenue			0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First Hen:	ry	Middle J.		Flack		4. DATE OF DEATH	Mont Marc	200	Day	Year 19 60
5. SEX male		IDOWED [	DIVORCED [		August		1878	9. AGE (In years last birthday) 81 yrs.	Months Da		IDER 24 HRS.
Unknown	ION (Give kind of work doning life, even if retired)	10b. KIND	OF BUSINESS OR II	NDUSTR	Ma	ryla	nd	ountry)	-	S. A.	T COUNTRY?
13. FATHER'S NAME	Charles F	l a ole		.09	14. MOTHER'S N			thea	(unkn		
- 4471 - 40 3124	VER IN U. S. ARMED FORCE	S? 16. SOC	IAL SECURITY NO.	17. IN	FORMANT	enexa.	וסת	Address		OWN)	
Unknown	(if yes, give war or agree or serv		07-3850	Rec	cords:	SPRI	NG GR	OVE STA	TE HOS	SPITAL	
Conditions, if a gave rise to imme (o), storing the cause lost.	underlying DUE TO		Gar	de	I Va	4	fer	our	ne		
PART II. OT	HER SIGNIFICANT CONDIT	IONS CONTR	BUTING TO DEATH	BUT NO	A .	,	HALDISEASE	CONDITION GIV	EN IN PART 1	a) 19. WA:	FORMED?
PART II. OT  200. EXTERNAL CA  PRIMARY D'OF CO  CAUSE OF DEATH.	USE WAS 20b. I	ed and		RED. (En	ter nature of inju	ry in Part	I ar Part II	of item 18.) Or sustain	1-30- ing tra	60 pt	stage
20c. TIME OF INJU	K	20d. INJUI While of work	Not while	e. PLAC	E OF INJURY (Hery, street, office b	ome, form oldg., etc.	) ;	or town)	(County		(State)
	hat I took charge o					Autopsy		spection 2			
	d from: Notural car						- Committee	determined	_	, 4110	Title Hier
ACTUAL	Les Im	Ke	effe	·	M.D. CHIEF ME	DICAL EX	AMINER -			DATE	SIGNED
EXAMINER'S NAME (Type)	George M.	Kieff	er, M. D.				AL EXAMINER			3-	-21-60
220. BURIAL, CREMATIC REMOVAL (Specify BURIAL	ON, 22b. DATE THEREOF	22c.	NAME OF CEMETER	RY OR C		ar.		ION (City, town,	or county)	(St	ote)
23. FUNERAL DIRECTOR		1 1	ADDRESS	T.W.			D BY REGISTE		STRAR'S SIGNA	ATURE	
William C	ook, Inc., 12	217 St	.Paul St	ree			AR 2 4 1		atting f 1		

If any delay is necessary, please exergenced director. Page 4 should be the registror prior to burigh, cremotion, your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the provided to the Chief Chief Examiner's Office along with form PM3. Page 5 may be referred FUNERAL DIRECTOR: VS. A15ME(5) 5M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	2963	CERTIFIC	ATE OF DEA	TH		Reg. Dis		o o o
PLACE OF DEATH COUNTY Balto	•	MARYLAND	2. USUAL RESIDENCE		b. COUNTY			ssion)
b. CITY OR TOWN (If outside corp RURAL and give nearest town) Catonsvill		c. LENGTH OF STAY IN 16		(If outside corp	orate limits, write R	URAL and g	ive nearest tov	vn)
d. NAME OF HOSPITAL (If not in OR INSTITUTION St. J		Jursing H.	A STREET ADDRESS		aidenCh	oice	ON	SIDENCE A FARM?
NAME OF DECEASED (Type or print) Siste	first r Dora F	Middle	Lost	4. DATE OF DEATH	Mon Ma:	rch	Day 18	Year 19 60
SEX 6. COLOR (	WIDOWE	DIVORCED	8. DATE OF BIRTH June 8,18	82	9. AGE (In years lost birthday) 77 yrs.		Doys Hours	DER 24 HRS.
a. USUAL OCCUPATION (Give kind during most of working life, even SISTOP FATHER'S NAME	if retired)	kind of Business or Indi	JSTRY 11. BIRTHPLACE (S	state ar fareign (	country)	12. CITI	ZEN OF WHA	T COUNTR'
Henry Flot  Was deceased ever in u. s. Ar		COCIAL CECUBITY MO. 117	14. MOTHER'S MAID  INFORMANT					
	or dates of service)		ster Clar	a- Nec				
18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAUSED AND IMMEDIATE AND	JSED BY:	dvored /	In Acc	lessis	+		interval e onset and 3 w	
	Fremi	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	EN IN PART	PERF	AUTOPSY ORMED?
	YG [] 206. DESC F DEATH AMINER)	TRIBE HOW INJURY OCCURR	ED. (Enter nature of injur	y in Part I or Pa	rt II of item 18.)			
20c. TIME OF INJURY Month, Hour a. m. p. m.	Doy, Year 20d. IN While at work	Not while fo	LACE OF INJURY (Home, actory, street, office bldg.		y or town)	(C	ounty)	(State)
21. I certify that I attendative on	ded the decease , 196		3 , 1960 , to h accurred at 43	2 PM, fra	m the causes of treet, city or town,	and an th	e date sta	
NAME (Type)	TE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOC/	TION (City, town,	or county)	(Sic	ote)
Burial 3-2	1-60	Holy Rede	emer Cem.	B	alto.	Md.		

Catonsville, Md.

DATEMAR 2 3 '60

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A1S (4) 1SM 9/55

Farley Funeral Home

UNERAL DIRECTOR: A his certificate has been signed by the attending physician and tage 3 should be detached to use as the burial-transit permit. Then please remave carbon pay the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death

may be retained by the hospital ar attending physician.
UNERAL DIRECTOR: A his certificate has been si

filled in by the funeral director. Pages 1 and 2 should be fifed with

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DEVICE AL DIRECTOR: After the prificate has been signed by the ottending physician and completing a shauld be detached for use as the burial-transit permit. Then please remove carbon papers: rages the State Baard of Health prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death.

#### MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

Item 8, CERTIFICATE OF DEATH Film G259, 3/24/601b

o. COL	DATY Ba:	ltimore		MARY	LAND	o. STATE	(Where decease Marylar	- h (	institution:		efore admi	ssion)
b. CITY RUR	OR TOWN (If or AL and give near TOWSO)	utside corporate limi est town)	ts, write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corp	porate limits	, write RUR	AL and give	nearest tow	n)
d. NAA	ME OF HOSPITAL	(If not in hospitol, g	give street od	dress)		d. STREET ADDRESS 523 Park A					ON	SIDENCE A FARM?
3. NAME DECEA (Type o		EMMA ]	estell.	A FOARD		Lost	4. DATE OF DEAT		Month	6, 19	Doy 60	Year
5. SEX		COLOR OR RACE White	7. MARRIED	NEVER MARRI		B. DATE OF BIRTH February 16	1868 <b>, 4858</b>	9. AGE ( lost bi	rthdoy) A	Months Do	_	_
Hous	g most of working	(Give kind of work g life, even if retired	done 10b. KII )	Oun			ryland	country)		12. CITIZEN	USA	COUNTRY?
	er's NAME Glenn Mc	Comas				14. MOTHER'S MAIDE	N NAME erine l	Pennin	gton			
	unknown] (If y	N U. S. ARMED FOR yes, give war or dales of s None	service)	one	). 17, IN	Family Re	cords		Address	S		
Cor gov cous	PART I. DEATH	nediate (	$\mathcal{B}_{i}$	eone	to-	- PNIBULA	none	CA			ONSET AN	
CERTIFICATION (IE EL.		SIGNIFICANT CON	DITIONS CO	PRIER	050	NOT RELATED TO THE TE	1			N IN PART 1(	PERF	AUTOPSY ORMED?
₹ 20c. T	THER, NOTIFY ME	CAUSE OF DEATH EDICAL EXAMINER) Month, Doy, Ye	ar 20d. INJI	URY OCCURRED  Not while of work	20e. PLA	CE OF INJURY (Home, fory, street, office bldg.,	form,   20f. (C			(Cou	nty)	(Stote)
saw	certify that (	(I) (I <del>his hospita</del> l d alive an <i>P</i>	1) attended	d the deceased	from I that d	eath accurred 8	19.55.to B.M. from	MIGIE m the cau	-16 uses and	, 19 <i>60</i> on the d	ate state	(we) last d above. 2b.DATE
22c. F	PHYSICIAN'S NAME (Type)	Juva T. C. Si	un f e winski	7	٨	A.D. ATTENDING PHYS. 22d. ADDRESS 206 W.	MED. DIRECTOR [			ne, T	3/	SIGNED
23o. BURI.	AL, CREMATION, OVAL (Specify)	Mar. 19,	100	23c. NAME OF CEM Fork Met		crematory st Cemetery		ATION (CIT		county)		ote)
	n Burns'	Sons, To	wson 4	, Marylan	d	25o. R DATE	MAR 2 1	'60 2		RAR'S SIGN		

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205 F. Fannack vente avenue, 10 mon F. Rei.

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Buriel with 16, 1966 Ford Fathorist Sametary Lord, Bultimer Co., ic.

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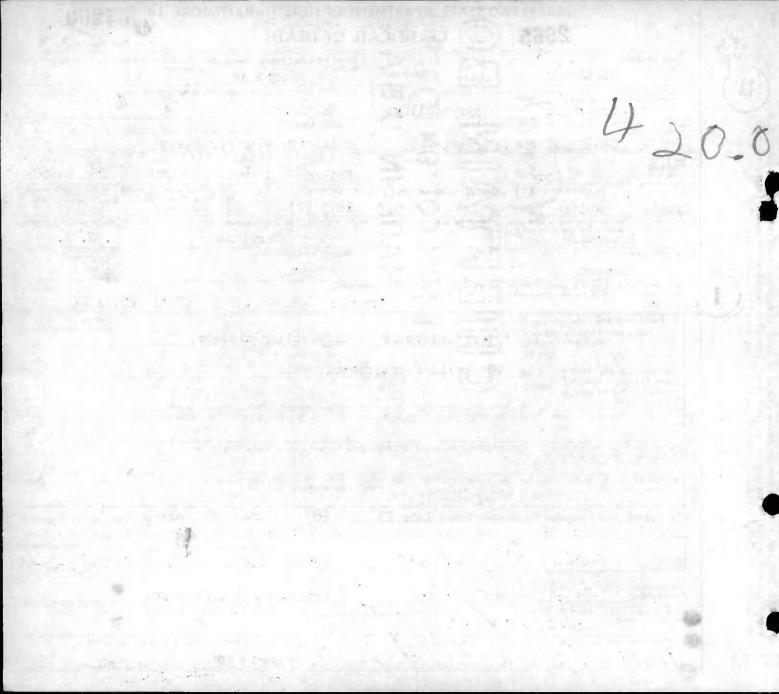
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MARYLAND STAT	TE DEPARTMENT, OF HEALTH-BALTIMORE	, 18	u4200
2965 Item	CERTIFICATE OF DEATH		UZNUU
~ 5(1,1)	CERTIFICATE OF DEATH	D	Dist No.

									Keg. D	31. 110.		
1	PLACE OF DEATH o. COUNTY Bal timore	. 6	MARYLA	AND	2. USUAL RE o. STATE	The state of the	land	lived. If institut b. COUNTY			admission	1
	b. CITY OR TOWN (If autside carporate limits	, write	c. LENGTH OF STAY IN	1 1Ь	c. CITY O	R TOWN (If ou	tside corpor	ote limits, write F	URAL ond	give neares	t tawn)	
П	RURAL ond give nearest town) Caton Sville		5yr9mthlldy	75	Ba	ltimore				3 V	01.	4
1	d. NAME OF HOSPITAL (If not in haspitat, give	e street o						inden Av		e. 1	S RESID	ENCE
	SPRING GROVE STATE	HOS	PITAL		Balt	imore C	A/W/H	osvivtale	renue		ON A FA	
3	NAME OF First DECEASED (Type or print) Lucy		Middle		Fola	nd	4. DATE OF DEATH	Mar		Doy 25	Yes	60
5		7. MARRI	EDE NEVER MARRIED		. DATE OF BI			9. AGE (In years	IF UNDE	R 1 YEAR IF		
		WIDOWE			1873	(2)		last birthday)	Months	Days H	laurs	Min.
ī	A- HELIAL OCCUPATION IS: 1: 1 C	one 10b. K	IND OF BUSINESS OR	INDUST			or foreign co		12.CIT	IZEN OF W	HATCO	UNTRY?
	during most of working life, even if refired) NOUSEWIIE					Ma	rylan			U.S.	A.	
1	3. FATHER'S NAME					R'S MAIDEN N	AME					
L	Unknown					nown						
1	S. WAS DECEASED EVER IN U. S. ARMED FORC Yes, no, or unknown) (If yes, give war or dates of ser	vice)	OCIAL SECURITY NO.	7.	IFORMANT			Add			_	
1	inknown	U	nknown	Rec	ords:	SPRING	d GRO	VE STAT	E HC	SPITA	L	
IFICATION		ITIONS <u>C</u>	PETALIZED A	H BUT I	NOT RELATED	TO THE TERMIN			VEN IN PAI		PERFORA	ITOPSY MED? NO
	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. Time OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. IN While of work	Not while			Y (Home, farm, fice bldg., etc.)		or town)	(	(County)		(Stote)
	21. I certify that I attended the olive on March 25  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) Stella Wac	, 19 <u>6</u> Vac hsle	o, and that d	leoth	occurred o	PRING	M, from 1 ADDRESS (Str GROVE	25, 1960 the couses or eet, city or town, STATE	nd on th state) HOSP		toted o	
2	20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	/	W. NAME OF CEMEN	ERY-OR	mil		22d. LOCAT	ION (City, tawn,	or county)		(Stote)	
2	3. FUNERAL DIRECTOR'S SIGNATURE	d	ADDRESS 29 / 15	en.	ne St		BY REGISTI		STRAR'S SI	GNATURE KINA		



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

MARYLAND

2966

BALTIMORE

1. PLACE OF DEATH

3

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE
b. COUNTY Anne Arundel MARY LAND

02931

MARYLAND

arilar S. Kraus

25b. REGISTRAR'S SIGNATURE

25a. REC'D BY REGISTRAR

'60

DATE MAR 8

	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY IN	ч 1Ь	c. CITY OR TOWN (If	outside corp	porote limits, write R	URAL ond	give nec	rest taw	1)
	RURAL ond give ne			9 DAYS		GALES	TILE		(	12)	(-2	
	d. NAME OF HOSPITA	AL (If not in hospital, g	give street	oddress)		d. STREET ADDRESS						FARM?
1		DMINISTRAT	ION H	OSPITAL							YES [	
3.	NAME OF DECEASED	Fir	rst	Middle		Last	4. DATE	Mon	th	Da	у	Year
	(Type ar print)	CHAI	RLES	H		FOOTE	DEATI	H MARC	CH	5		19 60
S.	SEX	6. COLOR OR RACE	7. MARR	IED X NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER			7
	MALE	COLORED	WIDOWI	DIVORCED		APRIL 9. 19	31	28 yrs.	Monns	Doys	Hours	Min.
10c	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (State	or foreign	country)	12. CIT	IZEN OI	WHAT	COUNTRY
	LABORER	ing me, even in remed		MUSEMENT CO	MPAN.	Y MARY	LAND			U.S	.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
b	ARTHUR G	FOOTE				MARGARET	TALBE	RT				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFC	RMANT		Add	ress			
	YES	PL-28		2-28-1518	CLI	N REC VAH	BALTO	MD FT HO	WARD	DIV	ISIO	N
	18. CAUSE OF DEA	TH [Enter anly one co	ouse per li	ne for (a), (b), and (c).]					7-1		RVAL BE	
	PART I. DEAT	TH WAS CAUSED BY:	u U	REMIA						A	KNOW	
	600.	O DUE TO			X. IJR			15111114				
	Conditions, if or	ny, which ) (E	, C	HRONIC PYEL	ONEP	HRITIS				UN	KNOW	N
	gave rise to in couse (a), stating t	nmediate (										
	lying couse lost.	) (c	=)									
Z O	PART II. OTH	IER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TERM	AINAL DISEA	SE CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY DRMED?
CERTIFICATION	STOMATT	TIS DUE TO	PROT	EUS VULGART	S							XNO [
TIF	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	Port I or Po	ort 11 af item 18.)	75-15			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
SAL	20c. TIME OF INJUR	Y Manth, Day, Ye				E OF INJURY (Home, for		ty or town)		(County)		(Stot
MEDICAL	Haur o.m.	19	While of wor	k at work	racia	y, sileel, office blug., er						
	21. I certify tha	t X) (this haspita	l) attend	led the deceased f	ram F	eb. 25 19	60 . to	March 5	19.6	50, th	at Ma	(we) la
				1960 and t								
	22a. SIGNATURE					The Season of						b. DATE
		115	1		M.	D. PHYS.	AED.	STAFF PHYS. XX			3/6/	60
	22c. PHYSICIAN'S NAME (Type)	6hm 12.10	rely	et 71119.		22d. ADDRESS						
	Trans (Type)	JOHN D. TA	LBERT	, M.D.		VAH, BALTO	.,MD.	FORT HOWA	RD D	IVIS	ION	
22	PURIAL CREMATIO	NI 22L DATE THERE	) F	22. NAME OF CEMEN	ERV OR	PEMATORY	234 100	ATION (City town	or county)		/Sta	tel

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VR A15 (4) 15M 9/59

REMOVAL (Specify)

William Reese

24. FUNERAL DIRECTOR'S SIGNATURE



110 Washington St Annapolis Maryland

CHEWS MEMORITAT

ADDRESS

6080 SSEE CERTIFICATE OF DEATH e in andrew A van belieferen de la competition de la competition de la competition de la competition de la comp La competition de la La competition de la AND CARLOS OF SERVICE AND ASSESSMENT OF SERVICE AND ADDRESS OF SERVI CERTIFICATE OF DEATH

02933

	20ch CERTIFICA	Reg. Dist. No.
	PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Baltimore
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4920 Hazelwood Ave.	1 d. STREET ADDRESS 6. IS RESIDENCE ON A FARM YES NOT
3	NAME OF First Middle  DECEASED (Type or print)  Arthur (. Forliter	Lost 4. DATE Month Day Year OF DEATH March 27, 1960
	male   6. COLOR OR RACE   7. MARRIES   NEVER MARRIED	8. DATE OF BIRTH 11-7-1905  9. AGE (In years less birthday)   Months Days Hours Mir
	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Self cmp.  Waste Oil	Maryland USA
	William C. Forliter	Margaret Eckert
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) (If yes, give wor or dotes of service) 217 05 4618	Lillian Forliger same
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	Interval Between onset and Death 2 Cpc.
	Conditions, if any, which gave rise to immediate (b)	
	cause (a), stating the <u>under-lying cause last.</u> DUE TO  (c)	120 MAC ANTON
		JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED? YES NO
- 1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)
1		PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stefactory, street, office bldg., etc.)
		th accurred at A.M. from the causes and an the date stated aba
	ACTUAL Harolda, grott	ADDRESS (Street, city or town, state)  DATE SIGN  M.D. 8100 Harford Rd. 3/28/
	PHYSICIAN'S HAPOLO A. GROTT, NE	o. Baltimore -14, M. d.
	2a. BURIAL, CREMATION, 22b. DATE THEREOF GARDENS OF GENETERY C GARDENS OF CEMETERY C GARDENS OF CEMETERY C	f taith Baltimore, Md.
2	Leonard J. Ruck 5305 Harford Rd	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAR 3 0 '60

DATE MAR 3 0 '60

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requires that the deoth certificate be executed within 24 haurs after death. Page 4 and con permit. Then pleose remave corbon papin only event within 72 haurs after death. ottending physicion certificate has been signed by the use as the burial-transit permit. Then removal, and TO HOSPITAL OR ATTENDING PHYSICIAN: The low je 3 should be detached for use os registror priar to buriol, cremation, e retoined by the hospi poge the reg 10 VS A1S (4) 1SM 9/58

ed in by the funeral director, I and 2 should be filed with

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VS A15 (4) 15M 9/55 W

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2854 CERTIFICATE OF DEATH

02932

					Keg. Dist. r	40.
1	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Marvla	ore deceased lived. If institute b. COUNT	lian: Residence b	efare admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)  Dundalk (22)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write	RURAL ond give	nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION 1914 Tyler Road	address)	/ d. STREET ADDRESS 1914 T	yler Road		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED	Middle NORMAN F	ORSYTHE	OF	arch 4t	Day Year h, 1960
	male white wipow	ED DIVORCED	B. DATE OF BIRTH  March 2,18		Months Day	AR IF UNDER 24 HRS.  /s Hours Min.
		oat Building	Baltimor	e, Maryland	12. CITIZEN	OF WHAT COUNTRY
	John A. Forsythe		14. MOTHER'S MAIDEN N	n Warfield		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT Amelia S.Fo	Ad	Idress	#2
	PART I. DEATH Enter only one cause per limited by the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate cause (a), stoting the under-lying cause lost.  (c)	ine for (o), (b), ond (c).	O Colus	1 an		NTERVAL BETWEEN ONSET AND DEATH
)	PART II. OTHER SIGNIFICANT CONDITIONS  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)				IVEN IN PART I(a	19. WAS AUTOPSY PERFORMED? YES NO
H	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	ort I or Parl II at item 18.)		
ģ	20c. TIME OF INJURY Manth, Day, Year 20d. 1 Hour a. n. p. m. 19	Not while fac	ACE OF INJURY (Home, farm, tary, street, office bldg., etc.		(Coun	ty) (Stote)
	21. I certify that I attended the decean alive on 3-7. 198  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) Jack C. Coll	Sellum	M.D. 2 Kinsh	_M, from the causes address (Street, city or town ip Road timore 22.	and on the (	3/5/60
	220. BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify) 3/7/60	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, lown, Baltimore.	, or county)	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE Deadly	ADDRESS Dundall	24a. REC'E	BY REGISTRAR 24b. REG	SISTRAR'S SIGNA	TURE

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VS A15 (4)

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			CANTER
			Historica se pand you

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#### **CERTIFICATE OF DEATH**

Rea. Dist. No.

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" A.		
M	1. PLACE OF DEATH o. COUNTY Dallmole MARYLAND 2.	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY  Columnia  C
	b. CITY OR TOWN (If outside corporate limits, write RURAT and give nearest town)  2/45	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  2 Output will - 28
X	d. NAME OF HOSPITAL (If not in haspital, give street address) AR INSTITUTION COMMON CO	d. STREET ADDRESS 408 COMMANDAM COUP (P. 15 RESIDENCE ON A FARM? YES NO 100)
	3. NAME OF DECEASED (Type or print) MARIE First Middle	RANK OF DEATH Mar. 30 1960
	8. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. D. WIDOWED DIVORCED 18. D. WIDOWED DIVORCED 18. D.	20-207, 1894 Co yrs. Months Doys Hours Min.
	100. USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINISS OR INDUSTRY during noted of working life, by an if whited)	11. BIRTHPLACE (State or foreign country)  Authorized A
<u></u>	13. FATHER'S NAME	Mary Mueller
1	15. WAS OFCEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	RMANT AND 1408 Edwardson ave
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	. INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FREALIZED	CAR CINOMATOSIS ONSET AND DEATH
	Conditions, if any, which)  Conditions, if any, which)  CARCINGMA	- L. BREAST: 3 VRX
	gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> DUE TO  (c)	
0		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 1 NO 12
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20g. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (E)  OR CONTRIBUTING CAUSE OF DEATH  U (IF EITHER, NOTIFY MEDICAL EXAMINER)	inter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 20e. PLACE factory	OF INJURY (Home, farm, street, affice bldg., etc.) (City or town) (County) (State)
	21. I certify that attended the deceased fram.	., 19.57, ta 3/34/10 19 , that I last saw the deceased
	01/1/101	curred atA, from the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED
1	SIGNATURE M.D.	HERBERT W. LAPP, M,D.  4804 FREDERICK AVE.
	PHYSICIAN'S NAME (Type)	BALTIMORE 29, MD. — MI 4-3655
	220 AURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMETERY OF CEMETERY OF	EMATORY 22d to CATION (City, town, or county) (State)
3	28) FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADMIT JEWEL 5311 Edward Dow (	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE MAR 3 1 '60 Orthur S. Kraus
141		

ed in by the funeral directar, oges I and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page TO ERAL DIRECTOR: After certificate has been signed by the attending physician and composed 3 should be detached the set the burial-transit permit. Then please remove carbon paper the registrar prior to burial, crematian, or removal, and in any event within 72 haurs after death.

> VS A15 (4) 15M 9/S5

#### MARYLAND STATE DEPARTMENT OF PEALTH-BALTIMORE, 18

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32 No. 10 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15			
	Staff Symmetry and the		MAN CALLES

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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ed in by the funeral director, I and 2 shauld be filed with	M
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24 haurs after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within my e retained by the haspiter attending physician.

TO ERAL DIRECTOR: After certificate has been signed by the ottending physician and came page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers: Pages the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5B

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40000				eg. Dist. No.
1. PLACE OF DEATH ROSEWOOD State o. COUNTY Baltimore	Training School	2. USUAL RESIDENCE (Who o. STATE Mary)	h COUNTY	Residence before admission) City
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) Owings Mills, Md.	c. LENGTH OF STAY IN 1b	Baltimore 5	utside corporote limits, write RURA Maryland	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give st OR INSTITUTION Rosewood State Training	CONTROL OF THE PARTY OF THE PAR	d. STREET ADDRESS  2022 McElde	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print) Marga	Middle iret	Fritsch	4. DATE Month OF DEATH 3	Day Yeor 23 19 60
5. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED NOWED DIVORCED	8. DATE OF BIRTH 8/11/1891	111111111111111111111111111111111111111	UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Marydan		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Julius John George Fritsch —dec	eased	Matilda Clo		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  (If yes, give war or dates of service)		informant osewood Record	Address	
18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b), ond (c).]  Lobar Pneumonia	, right		INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	Pyelo-nephritis	, obstructive		2 years
PART II. OTHER SIGNIFICANT CONDITION  Ovarian tumor, right		11 5 year	S.	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
Hour o.m.	od. INJURY OCCURRED 20e. PL thile Not while work of work	ACE OF INJURY (Home, farm actory, street, office bldg., etc	, 20f. (City or town)	(County) (State)
21. I certify that I attended the decalive an 3/23/60 1	eased fram. 11/1/56	accurred at 3:10a		at I last saw the deceased an the date stated above te) DATE SIGNED
PHYSICIAN'S NAME (Type) Harry G. Butler	/ Suller.	Rosewood S	State Training S	Md, 3/23/60 chool
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 3/26/60	22c. NAME OF CEMETERY C	or Crematory	22d. LOCATION (City, town, or constitutions)	county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE. Charles E. Schimunek	Funeral Home	24a, REC'		AR'S SIGNATURE

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1	MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18	02937					
(	2971 CERTIFICA	ATE OF DEATH Reg. Dist.						
0. (	COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE b. COUNTY Balt:	Lmore					
_c	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ATOMS VILLE  NAME OF HOSPITAL (If not in hospitol, give street address)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give 52 Catonsville / d. STREET ADDRESS	e. IS RESIDENCE					
1	030 Collwood Road	1030 Collwood Road	ON A FARM? YES NO					
DE	ME OF First Middle CEASED Pe or print) Annie Garde	Last 4. DATE Month OF DEATH March 21,	/60 Yeor					
	male White WIDOWED DIVORCED	Sept. 11,1877 lost birthdoy) Manths Do	rear IF UNDER 24 HRS ays Hours Min.					
H H	ISUAL OCCUPATION (Give kind af wark dane uring most af warking life, even if retired)  • W  Own Home	JSTRY 11. BIRTHPLACE (Stote or foreign country)  Balto. Md.  12. CITIZE USA	N OF WHAT COUNTRY					
	rederick Reichert	14. MOTHER'S MAIDEN NAME Catherine						
	o, or unknown)   (If yes, give war or dates of service)	INFORMANT Address  Lmer J.Garde, 1030 Collwood Rd	i.zone 28					
16	PART I. DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		INTERVAL BETWEEN ONSET AND DEATH					
1	Conditions, if ony, which gove rise to immediate couse (a), stating the under-							
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?    PRESENTED   PERFORMED?   P							
RTIFI SO	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL 02	20c. TtME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m.  P. m. 19 While Not while at work							
2 a A SI	CTUAL GNATURE John Fo Coolalian	ADDRESS (Street, city or town, stote)  M.D. H201 Welkers Green 29	saw the decease date stated above DATE SIGNE					
22o. B	AME (Type)  URIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (	OR CREMATORY 22d. LOCATION (City, lawn, or county)	(Stote)					

Burial 3/ 60 Lorraine Park

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Baltimore 7 Ma

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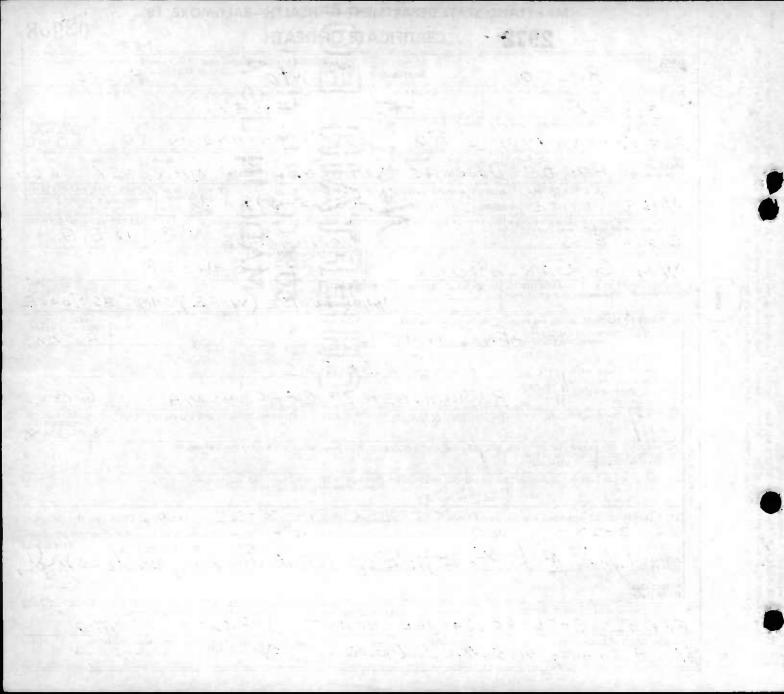
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2972

#### CERTIFICATE OF DEATH

()2938 Reg. Dist. No.

)	o. COUNTY	BALTO	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution b. COUNTY		
/	b. CITY OR TOWN RURAL and give		c. LENGTH OF STAY IN 16	1	utside corporate limits, write F	RURAL and give near	rest town)
4	d. NAME OF HOSP OR INSTITUTION 338	PERLAMOII	0-	d. STREET ADDRESS	PLANDING	Ro	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	HARDY D	OUGLAS (	TARLAND	4. DATE MOI OF DEATH MAT /	R. 24	Year 19 60
	5. SEX MALE	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH AUG. 25-18	99 9. AGE (In years lost birthday) 60 yrs.	Months Days	Hours Min.
	100. USUAL OCCUPAT during most of wo	TON (Give kind of work done 10brking life, even if retired)		ROBINS V	ILLE N. C	. U.S	what country?
1	15. WAS DECEASED EV	VER IN U. S. ARMED FORCES? 16	. , ,	KOSETTA NFORMANT		dress	
	(Yes, no, or unknown)	(If yes, give war or dates of service)	M	ARY LOUISE	(WIFE) S	AME AS	ABOVE
		EATH (Enter only one cause per EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).] VEUN10NIT	15		INTE ONSI	RVAL BETWEEN ET AND DEATH
	Conditions, if		LUNG A	BCESS			
	couse (a), stating	> DUE TO	RONCHOGE.	NIC CAR	CINOMA	4	6 MOS
0	PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(o) 19	P. WAS AUTOPSY PERFORMED? YES NO
	O (IF ETHER, NOTE	VAS UNDERLYING   20b. DE IG   CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort 1 or Port It of item 18.)		
	Y 20c. TIME OF INJU Hour o. m.	. While	f.	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		(County)	(State)
	A	that I attended the decea		ER, 1959, to 3		Pthat I last saw	
	alive on 3	John B Lil	and that death	occurred at 1030A)	M, from the causes are ADDRESS (Street, city or Jown, Thin Bld)		DATE SIGNED
/	PHYSICIANIS NAME (Type)						ge man egge mein vern vor vern vern gen Wein vern blege geg ver
	200. BURIAL, CREMATI BEMOVAL (Specification)	ON, 226. DATE THEREOF  3-26-60	SACRED	R CREMATORY HEART	22d. LOCATION (City, town, BALTO.	or county)	(Stote)
	23. FUNERAL DIRECTO	R'S SIGNATURE - 418 E	astern Blod /	Pelto. 71, DATE		ISTRAR'S SIGNATUR	



CERTIFICATE OF DEATH

02939

	2.9	107	CEKTIFI	CAIL	OF DEATE	1		Reg. Dis	st. No.	
1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLAI		USUAL RESIDENCE (WHO STATE		d lived. If instituti b. COUNTY	**	ce before odm	
RURAL and give no	If outside corporate limit		c. LENGTH OF STAY IN	1b 5	c. CITY OR TOWN (IF o	outside corpo		-	The state of the second	
	(AL (If not in hospitol, g 4821 Fer			1	d. STREET ADDRESS		Square		10	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin		Middle J.		Gillis	4. DATE OF DEATH	Mar		Doy 30,	Year 19 60
5. SEX male	6. COLOR OR RACE White	7. MARRIE	DEVER MARRIED   DIVORCED		July 1. 1	893	9. AGE (In years lost birthdoy) 66 yrs.	IF UNDER Months	Days Hou	
00. USUAL OCCUPATION during most of work	DN (Give kind of work of king life, even if retired)		B & O R.R		11. BIRTHPLACE (Stole Baltimor				ZEN OF WHA	
13. FATHER'S NAME	Gillis		- 10 AR A	14	. MOTHER'S MAIDEN N	Unkn	40/530			
18. CAUSE OF DEA	ATH [Enter only one content of set with the content of the content	versice) 70  use per line  CE  How	7 -5 7-19	Chr	istina Gi z thr Lerioscl	-	4821 F	ernle	1	BETWEEN
20g. ACCIDENT WA	AS UNDERLYING  CAUSE OF DEATH		ENTRIBUTING TO DEATH					PAR	PER	AS AUTOPSY FORMED?
(IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour o. m. p. m.	MEDICAL EXAMINER) RY Month, Doy, Yeo	20d. INJ While at work	Not while	e. PLACE ( factory,	OF INJURY (Home, form street, office bldg., etc	n, 20f. (City	y or town)	(6	County)	(State
alive onACTUAL SIGNATURE_PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATIC REMOVAL (Specify) BURIAL 23. FUNERAL DIRECTOR	Albinas K.  ON, 22b. DATE THEREO  4/1/60  'S SIGNATURE	196	M. D.  22c. NAME OF CEMETE  Meadowr  ADDRESS	M.D.  RY OR CRI	2030 Wi	Ilken  22d. LOCA Elk  D BY REGIS	the causes are street, city or town, see Avenu.  TION (City, town, pridge, 24b, REGI	e Ba: or county)  Mary: STRAR'S SIG	lto Me (S)	ed abave ATE SIGNEI 3 MC
Howard H.	. Hubbard	4107	Wilkens	Aver	ue DATE D	R 4 '6	0 av	Chung S.	Traus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 in by the funeral director, and 2 should be filed with ertificate has been signed by the ottending physicion and come ver as the burial-transit permit. Then please remove carbon paper page 3 shauld be detoched for use as the burial-tronsit permit. Then please remove corbon paper the registror prior to burial, cremotian, ar removal, and in any event within 72 hours after death. RAL DIRECTOR: After TO P VS A1S (4) 15M 9/5B

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 2973

Reg. Dist. No. () 294()

	1. PLACE OF DEATH a. COUNTY	Bltimore		MARY	LAND	o. STATE	Mary l		d lived. If institu b. COUN		nce befor	e admissi	ion)
	b. CITY OR TOWN (If RURAL ond give ne Catons	foutside corporate limi arest town) Ville		25yr6mth1			town (If a		rote limits, write	RURAL ond	give nea	rest town	1/
1	d. NAME OF HOSPITA OR INSTITUTION SPRING (R)	OVE STATE	HOSP			d. STREET A		re Av	enue				IDENCE FARM? NO
	3. NAME OF DECEASED (Type or print)	Sara		Middle	Go	oodgal	t	4. DATE OF DEATH	- "	erch	17		Year 19 60
	s. sex female	6. COLOR OR RACE White	7. MARRIEI			October		1884	9. AGE (In year last birthday	Months	Days	Hours	R 24 HRS. Min.
	10o. USUAL OCCUPATIOn during most of work housewif	ing lite, even it retired	done 10b. KI	ND OF BUSINESS O	R INDUST	RY 11. BIRTHPL	Russ	sia	ountry)	12.CI	IZEN OF	WHATC	OUNTRY?
		mon Wilkin	6				Knaue						
	15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SC	CIAL SECURITY NO.	IN	FORMANT	TALLA W.	34	A	ddress			-
	/unknowwn	If yes, give war or dates of s	ervice) U	nknown	Re	cords:	SPRIM	NG GR			OSPI	TAL	
)	Conditions, if or gove rise to in couse (a), stoting I lying couse lost.  PART II. OTH	er SIGNIFICANT CON  Basal Ce	Gene	riosclero ralized a  ntributing to DEA rcinoma of	rter	ioscler	osis othetermi	INAL DISEAS	e condition c			PERFO	
	_	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Yes	or 20d. INJi While of work [	_ Not while		CE OF INJURY ( ory, street, office			or town)		(County)		(Stote)
	21. I certify the alive an Ma	at I attended the rch 17  Tella  Stella Wach	, 19 6 Wax	fram. Jul 60, and that clister	death 	SPR.	3:351 ING (	9M, fram ADDRESS (S GROVE	the causes of treet, city or town STATE  Mary L  TION (City, town	and an th m, stote) HOSPI and	e date	stated DAT	l abave. E SIGNED .7–60
	REMOVAL (Specify)  SELVE	3-20-19		Winelson 1	MIRA	Pose	24a. 95G	B BY REGIST	CRAR 24b. RE	GISTRAR'S S	MO/.	a. E	-
	back Tour	is one	2160	o To cel	Cesz	1X	DATE	x 4 2 0	0	ribur S.	Than	e.	

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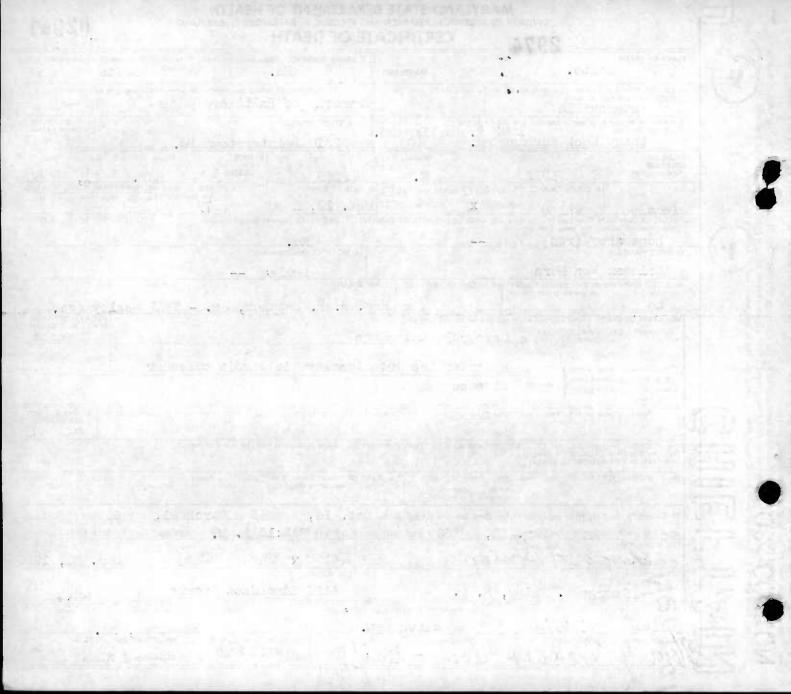
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2974

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02941

1	a. COUNTY B	alto.		MARY		2. USUAL RES a. STATE	Md.	nere deceased li	ved. If institution b. COUNTY	Residence b	pefare admis	ssian)
		orest tawn) SVILLE		c. LENGTH OF STAY				outside carporat Baltimo	e limits, write RU	RAL and give	vol,	m)
2	d. NAME OF HOSPIT. OR INSTITUTION Shady	Nook Nurs	T005 V	. Rolling	Rd.	d. STREET .		tersto	m Rd.		ON	SIDENCE A FARM?
3	B. NAME OF DECEASED (Type or print)	FIJIT.A	rst	Middle E		GORDON	st	4. DATE OF DEATH	Mant	ar.	Day	Year 19 60
1	S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D   8.	DATE OF BIRT	Н	9.	AGE (In years	IF UNDER 1 Y	EAR IF UND	
	female	white	WIDOWED	DIVORCE	0 0	ct. 20	1880		79 yrs.	Manths Da	ys Haurs	Min.
Ī	Oa. USUAL OCCUPATIO		dane 10b. KI	ND OF BUSINESS O	R INDUST	RY 11. BIRTHP	LACE (State	ar fareign coun	ntry)	12. CITIZEN	OF WHAT	COUNTRY?
	homemak	1	"				Md.					
1	3. FATHER'S NAME					14. MOTHER		NAME			10110	
	Coleman	Van Horn					Louis	a				
ī	S. WAS DECEASED EVER			OCIAL SECURITY NO.	17, INF	ORMANT	2002		Addre	ss	100	
	no	ir yes, give war or acres or	service)		Mrs	W. H.	Penn	ler. Jr	- 557	2 Wesl	03F A 3F6	
F	18. CAUSE OF DEA	TH [Enter anly ane c	ause per line	far (a), (b), and (c).							NTERVAL B	ETWEEN
	PART I. DEA	TH WAS CAUSED BY:	Cere	ebral Hemo	rrhas	ze				C	ONSET AND	DEATH eeks
H	443×	DUE TO	-1			3-					~	00110
	Conditions, if ar	y, which )	Hype	ertensive	arter	rioscle	rotic	cardio	vascula	r		
	gave rise ta in	nmediate (	,						, , , , , , , , , , , , , , , , , , , ,			
	lying couse last.	ne under-	0)	Ja BC								
	PART II. OTH	ER SIGNIFICANT CON		NTRIBUTING TO DEA	TH BUT N	OT RELATED TO	O THE TERMI	NAL DISEASE C	CONDITION GIVE	N IN PART 1	PERF	AUTOPSY ORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	BE HOW INJURY OF	CCURRED.	(Enter nature	of injury in I	Part I ar Part II	af item 18.)			
	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	While	URY OCCURRED  Nat while  at wark		CE OF INJURY ary, street, affic			tawn)	(Cau	nty)	(State)
	21. I certify tha	t (I) (this haspita	l) attende	d the deceased	fram_C	ct. 14	12	46. to 18	arch 21.	19 60	that (I)	(we) last
		ed alive an Mar										
	220. SIGNATORE	Ol1	,									2b. DATE
	Ser	2011-	die	P	Μ.	D. PHYS.	G MI	ED. RECTOR	STAFF PHYS.	].ja	r. 21,	1969
	22c. PHYSICIAN'S NAME (Type)					22d. ADDR	ESS					
-		rge A. Kni	pp, M.	D.		411	6 Edmo	ndson A	venue			
2	23a. BURIAL, CREMATION REMOVAL (Specify) Burial	3/23/60	OF	23c. NAME OF CEME				23d. LOCATIO	N (City, tawn, ar		(Sta	ite)
12	MUNERAL DIRECTOR'S	1 21	0.1	ADDRESS	1 Cem	-	25g PEC	D BY REGISTRA	R 25h REGIST	RAR'S SIGNA	ATURE	
7	Man. J.	Victer	17	lous -	Bai	to,	DATE MA	R 2 3 '60		hung S. H		
					17	MIC						



15M 9/5B

o. COUNTY

NAME OF

DECEASED

No

ACTUAL

220. BURIAL, CREMATION.

REMOVAL (Specify) Burial

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

5. SEX

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18	
	,	CEDTIFIC ATE	OF	DEATH			

112942

(Stote)

EKIIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND Maryland Raltimore Ral timore b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Parkville Parkville d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 8218 Harris Ave YES NO T Hannis Ave 4. DATE Middle Last Month Year E. Albertina DEATH March (Type or print) Gosnell 22. 1960 9. AGE (In yedrs lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Dovs Female WIDOWED IX DIVORCED March 26, 1880 White YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Clerk-Retired Bakerv Germany USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Loeffler Albert Carolina Hess 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO **INFORMANT** Address Mrs. Margaret Schuler 8218 Harris Ave. 1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Perotic cardiovescular disease Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar tawn) (County) (Stote) foctory, street, office bldg., etc.) Haur o. m. While Not while of work of work D. m. 15 1960 that I lost sow the deceased 21. I certify that I attended the deceosed fram. O, and that death occurred at 6.45/M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) SIGNATURE PHYSICIAN'S NAME (Type) Santi Amoroso

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Citing & Kraus

24a, REC'D BY REGISTRAR

DATEMAR 2 3 '60

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Loudon Park

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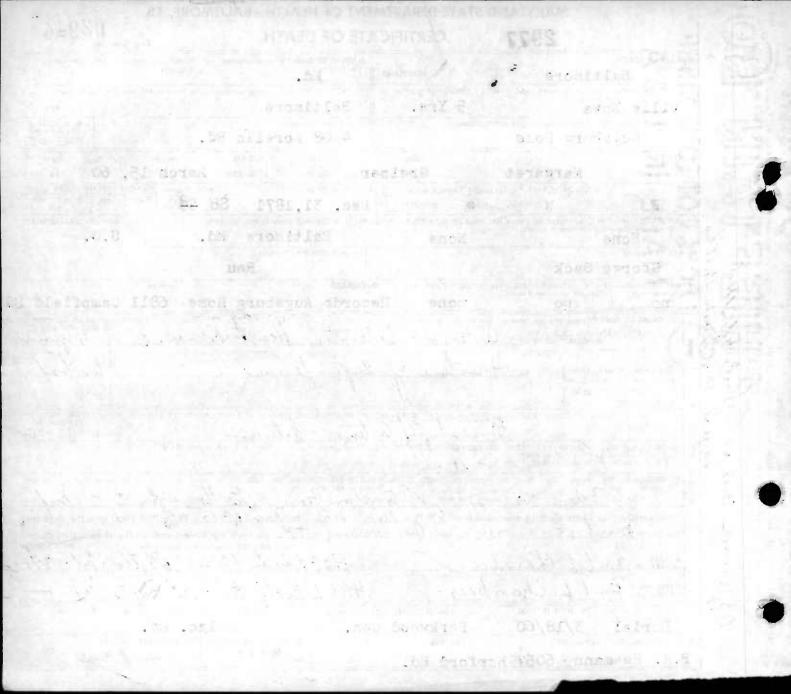
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2976 CERTIFICATE OF DEATH

02943

25							
		PLACE OF DEATH o, COUNTY  Baltimore  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY  Maryland					
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Fort Howard  c. LENGTH OF STAY IN 1b  78 Days  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore					
50		d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  OR INSTITUTION  Veterans Administration Hospital  d. STREET ADDRESS  ON A FARM?  YES \( \text{NO.} \text{ NO.} \text{ STREET ADDRESS } \)  ON A FARM?  YES \( \text{NO.} \text{ NO.} \text{ STREET ADDRESS } \)  ON A FARM?  YES \( \text{NO.} \text{ NO.} \text{ STREET ADDRESS } \)					
		NAME OF First Middle Lost 4. DATE Month Day Year DECEASED GPOTTED					
1		SEX  6. COLOR OR RACE  White  Widowed  DIVORCED  March  ORAF  P. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS 1621 birthday)  March  ON 1900  9. AGE (In years lif under 1 YEAR IF UNDER 24 HRS 1621 birthday)  Months  Days Hours Min.					
)	S	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Contracting  Carroll County, Maryland  U.S.A.					
		Nilliam Graf  Mary Keck					
	IS.	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Yes WW I 217-03-3488 Clinical Records, VAH, Fort Howard Div. Balto. 18.					
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) EDEMA OF THE LUNGS  DAYS					
	CATION	XXXXX AND CARDIAC DILATATION AND HYPERTROPHY UNKNOWN					
		Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  (b) PYELONEPHRITIS WITH ABSCESSES AND MODERATE  (b) PYELONEPHRITIS WITH ABSCESSES AND MODERATE  (c) ADENOCARCINOMA OF PROSTATIC HYPERTROPHYUNKNOWN  (c) ADENOCARCINOMA OF PROSTATE					
2		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO					
	CERTIFI	20- ACCIDENT WAS UNDERSYING TO 201 DESCRIPE HOW INTURY OCCURRED (Fater and the Fact I of item IR)					
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.    Power on the control of					
		21. I certify that (1) (this haspital) attended the deceased from December 23 1959, to March 10, 1960, that (1) (we) loss saw the deceased alive an March 10, 160, and that death accurred at 10,000PM the causes and an the date stated above 226. SIGNATURE					
1		Carbad 6. Jergule 7.D. ATTENDING MED. STAFF PHYS. 3/11/6  22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  NAME (Type)					
	23	CARTDAD E. GONZALEZ, M.D. VAH, BALTTMORE 18, MD. FT. HOWARD DIVISION  30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)					
0	24.	Removal 3-12-60 Immanuel Luthern Church Carroll County, Maryland 4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE					
100		Im. Cook-Blight, Inc. 6009 Harford Rd. Balto. 14, Md. DATMAR 15'60 Cally & King					
by	he	earse to Tipton Funeral Home, Hamstead, Md.					

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# MARYLAND STATE DEPARTMENT OF HEALTH

1. PLACE OF DEATH o. COUNTY Baltimor	e	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryland	ere deceased lived. If institution b. COUNTY	n: Residence befor	e admission)
b. CITY OR TOWN	If outside corporate limits, w	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RU	RAL and give nea	rest town)
Fort How		46 Days	Baltimore	3	VO1.4(17	)
OR INSTITUTION	TAL (If not in hospitol, give s  Administrati		d. STREET ADDRESS	lough Street		ON A FARA
3. NAME OF	First	Middle	Lost	4. DATE Monti	h Day	y Yeor
(Type or print)	EARL	R.	GROOMES. SR.	DEATH March	11	1 196
S. SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24
Male		DOWED DIVORCED	April 23, 18	95 64 birthdoy)	Months Days	Hours M
		106. KIND OF BUSINESS OR INDU			12. CITIZEN OF	WHATCOUN
Porter	king life, even if retired)	Manufacturing C	o. Sykesvill	e, Maryland	U. S.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN N			
Nickolas	Groomes		Betty Coo	k		
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DIVIDO  Only, which mmediate  (b)	SIDE	OPNEUMONIA WI	BRAL ARTERY, RIC TH ABSCESS FOR E TONGUE	GHT ONS	WEEKS YEARS
PART II. O		ons <u>contributing to death</u> bu			EN IN PART 1(o) 1	9. WAS AUTO PERFORMED YES NO
OR CONTRIBUTION	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRI	D. (Enter noture of injury in ACE OF INJURY (Home, form		(County)	(S
Hour o.m.	19	While Not while fo	ctory, street, office bldg., etc	.)		
	at (1) (this haspital) a sed alive an March	ttended the deceased fram.		50, to March 14,		
226 SIGNATURE	sed dilve dilva Tierr		dedin decorred dig 22	Destardin the cooses and	a dii ille dale	22b. DA1
22c. PHYSICIAN'S	lade.	longalez	M.D. ATTENDING M PHYS. D	ED. STAFF PHYS.		3/12
CARIDAD	E. GONZALEZ,	M.D.	VAH, BALTIM	ORE 18, MD. FT.	HOWARD D	TVISION
23a. BURIAL, CREMATI REMOVAL (Specify Buria)		23c. NAME OF CEMETERY C	r CREMATORY	23d. LOCATION (City, town, o		(Stote)

24 haurs after death. Page 4 in by the funerol director, and 2 should be filed with page K should be detached for see as the purior removal, and in any event within 72 hours after death the State Board of Health prior to burial, cremotion, ar removal, and in any event within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within r attending physician. Then please remove carbon paper as the buriol-transit permit. retained by the hospital should be detached for TO F

VR A1S (4) 1SM 9/59

Arlington S. Phillips

24. FUNERAL DIRECTOR'S SIGNATURE

Baltimore National Cem. 1808 N. Monroe St. Baltimore 17, Md.

Baltimore, Maryland
BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR

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100	Approximate Addings		ir ut war		
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2970 CERTIFICATE OF DEATH

	Jul 1					,			Reg. Dist.	No.	
1, PLACE OF DEATH o. COUNTY	Bal timore		MAR	YLAND	O CTATE	DENCE (Wh	here deceased l	ived. If institution b. COUNTY	: Residence Balti	before odm	nission)
RURAL and give n	If outside corporate limi earest town) SECALE	ls, write	c. LENGTH OF STAY	' IN 1b		TOWN (IF o		te limits, write RU	RAL and giv	re nearest to	own)
d. NAME OF HOSPI OR INSTITUTION	7216 Ful		Highway	#6	d. STREET A	7216	Pulas	ski High	ıway	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	PASQUAL		Middle		GUIDO		4. DATE OF DEATH	Month		Day	Yeor 19 60
s. sex Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRI		8. DATE OF BIRTH		189#			YEAR IF UN lays Hour	DER 24 HRS.
100. USUAL OCCUPATION during most of wor Gal Var	king life, even if retired		kind of Business of th.Steel	CO.		taly	or foreign cav	ntry)		taly	AT COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME		6 - 5		
GEIMARO	GUIDO	The same	auelie		MARI	ANT	ONNIA	CAN	TAL	UPO.	
IS. WAS DECEASED EVE			SOCIAL SECURITY NO	). 17. 1	NFORMANT			Addre	55		
(Yes. no or unknown)	(If yes, give war or dates of s	ervice)			Anna II.	. Wor	pman	Sa	me.		
18. CAUSE OF DEA	ATH [Enter only one co	use per lir	ne for (a), (b), and (c)	-]	p.					INTERVAL	
PART I. DEA	TH WAS CAUSED BY:		Cerebral	A	emont	iano				ONSET AN	ND DEATH
443	X DUE TO		rome V	rsen	lar h	ikker	in - 50	lezere;		9 years	ir L
Conditions, if o gove rise to i cause (o), stating	mmediote (	is	yperten	Sive	Carke	-Vas	renth	Disen	20	ilmh	nory
VOLUME PART II. OTI	) (c HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE	CONDITION GIVE	N IN PART I	PER	S AUTOPSY FORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY C	CCURRE	D. (Enter nature o	f injury in F	Port I or Port I	l of item 18.)			
Y 20c, TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	While	Not while of work	20e. PL	ACE OF INJURY (I clory, street, office	Home, form bldg., etc.	20f. (City o	r town)	(Co	uniy)	(Stote)
21. 1 certify #	nat I attended the	decease	ed from hover	nker	27, 1951	, ta 3	/11	1960	that I la	st saw th	e decease
alive an 3	11	. 196	and that	death	accurred at	1145	M. fram	the causes an			
	SP.					7	ADDRESS (Stre	et, city or town, st	ole)		DATE SIGNE
ACTUAL	Thiliters	Unt	Jeans		M.D. I303	ma	while	e ave	Val	4.13	Mid
PHYSICIAN'S Ph	ilibert A	rtig	iani				71			3/12/	60
220. BURIAL, CREMATIC REMOVAL (Specify)		F 60 .	22c. NAME OF CEM		emeter	7		ON (City, town, or Eastern		d.Ba.	Co., N
23 FUNERAL DIRECTOR	S SIGNATURE	an	ADDRESS				D BY REGISTRA				
Charles	S, Seiler	, 70	SICON	ストー	NGST	DATE M	AR 1 5 '6	0 Ch	thun S.	Kraus	

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	0	000	CERT	IFICA	TE OF DEATI	H		Reg. Dis		(; ~ <sub>U</sub>	<u> </u>
1. PLACE OF DEATH o. COUNTY	Baltimore	उत्त	MAR	YLAND	2. USUAL RESIDENCE (WI o. STATE Maryl		d lived. If institution b. COUNTY	on: Residence			sion)
b. CITY OR TOWN RURAL ond give	(If outside corporate lim	its, write	c. LENGTH OF STAY	( IN 1b	c. CITY OR TOWN (IF 6	outside corpo	rote limits, write R				n)
OR INSTITUTION	PITAL (If not in hospitol, on PITAL (If not in hospitol, on PITAL Road)	give street o	ddress)		d. STREET ADDRESS 1804 E1		i			e. IS RES ON A YES	SIDENCE A FARM? NO 2
3. NAME OF DECEASED (Type or print)	KATF	rsi TERINE	Middle HAHN	e	Lost	4. DATE OF DEATH	Mon Farch	1,	Da	•	Year 19 60
5. SEX Female	6. COLOR OR RACE White	WIDOWE	Land .	ED 🔲	June 6, 190		9. AGE (In years lost birthdoy) 59 yrs.	IF UNDER Manths	1 YEAR Days	Hours	Min.
Housewi	orking life, even if refired	1)	Home	OR INDUST	RY 11. BIRTHPLACE (Stole Germany		ountry)	3	S.		COUNTRY
	CEW Schwalb VER IN U. S. ARMED FOR I (If yes, give wor or dofes of	service)	OCIAL SECURITY NO		Katheri ORMANT  H. Hahn		Add	ress			
	immediate DUE TO	, Ca	rum	m	atosis a left	te	hugh		3	ERVAL BE SET AND	DEATH C
CATI	VAS UNDERLYING US CAUSE OF DEATH OF MEDICAL EXAMINER				OT RELATED TO THE TERM . (Enter nature of injury in			'EN IN PART	1 1(0) 1	PERFO	AUTOPSY DRMED?
20c. TIME OF INJU Hour o. m.	JRY Month, Day, Ye	ar 20d. IN. While at work	OURY OCCURRED Not while	20e. PLAC focto	E OF INJURY (Home, form ry, street, affice bldg., etc	n, 20f. (City	or town)	(0	County)		(State)
alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATI REMOVAL (Specify	that I attended the	196 m	Q., and that	NETERY OR		ADORESS (SI	n the causes of treet, city or town,	and on the state)	ne da	state  Solution	ed above ATE SIGNE 4/60
23 TUNERAL DIRECTO	103/5/00	why Ea	Oak L ADDRESS stern Ave		240. REC	D BY REGIST		STRAR'S SIG	NATUR		

DATE MAR 7

'60

Orthun & Knus

SEPPLE DESCRIPTION

1. PLACE OF DEATH o. COUNTY

b. CITY OR TOWN (If RURAL and give ne Owings Mil d. NAME OF HOSPITA OR INSTITUTION Rosewood St NAME OF DECEASED (Type or print)

S. SEX

Male 10a. USUAL OCCUPATIO during most of work

13. FATHER'S NAME Daniel Ritt 15. WAS DECEASED EVER no 1B. CAUSE OF DEAT

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	m' pe retained by the haspital or attending physician.	TO KERAL DIRECTOR: After certificate has been signed by the attending physician and can it is in by the funeral director.	page 3 shauld be detached to se as the burial-transit permit. Then please remaye carban page 1 and 2 shauld be filed with	the registrar priar ta burial, crematian, ar remayal, and in any event within 72 haurs after death.
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VS A15 (4)

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	MARYL	AND	STATE	DEPARTM	MENT OF HEALTH	H-BAL	TIMORE, 1	8	1120	948
	2	981	C	ERTIFIC	ATE OF DEATH	4		Reg. Dis		
COUNTY	sewood Stat timore	e Tra	aining	Schood MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary)		d lived. If institution b. COUNTY		e before ad	
CITY OR TOWN (If RURAL and give nea	outside corporate limit		. 1	of stay in 16 months	X c. CITY OR TOWN (IF of Baltimore 19					
NAME OF HOSPITA	AL (If not in hospitol, gi ate Trainin	ive street o		V-15	/ d. STREET ADDRESS 529 Ea Stree				O	RESIDENCE N A FARM?
AME OF CEASED	Firs	_		Middle	Last	4. DATE	Mon	nth	Day	Year
rpe or print)		David		Ryan	Hancock	DEATH	3		9	19 60
Male		7. MARRIE		R MARRIED TO	B. DATE OF BIRTH		9. AGE (In years lost birthday)		1 YEAR IF U	NDER 24 HRS. urs Min.
ATHER'S NAME	er Hancock	one IVO. K	IND OF BOS	INESS OR INDU	11. BIRTHPLACE (Stote  Maryland  14. MOTHER'S MAIDEN N  Lorna Jean	NAME	duntryj	12, Cinz	U.S.A	AT COUNTRY?
AS DECEASED EVER to, or unknown) (If	IN U. S. ARMED FORG		OCIAL SECU		INFORMANT Rosewood Recor		Add	ress		
B. CAUSE OF DEAT	TH [Enter only one country one	As							INTERVAL ONSET A	BETWEEN DEATH
Conditions, if any gove rise to im couse (a), stoting the lying cause last.	y, which (b)	Non	l-comm	onicativ	ve Hydrocephal	us				since
PART II. OTHE	ER SIGNIFICANT CONE	DITIONS CO	ONTRIBUTING	G TO DEATH BUT	T NOT RELATED TO THE TERMI	INAL DISEASE	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
Oa. ACCIDENT WAS OR CONTRIBUTING E F EITHER, NOTIFY A	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW IN	NJURY OCCURRE	ED. (Enter nature of injury in I	Port I or Port	rt II of item 1B.)			
c. TIME OF INJURY	Month, Doy, Yer	ar 20d. IN	JURY OCCUR	RRED 20e. Pl	LACE OF INJURY (Home, form	n, 20f. (City	y or town)	(C	ounty)	(Stote)

20c. TIME OF INJURY foctory, street, affice bldg., etc.) Hour o. m. While Nat while at work at work

21. I certify that I attended the deceased fram 8/11/59 19 \_\_\_\_, and that death accurred at 10:002M, fram the causes and an the date stated above. alive an\_\_ ADDRESS (Street, city or town, stote)

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Pappas, M.D.

22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) UFT 1 (Specify) Eastern Ave. 3-12-1960 Md. Oak Lawn 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 

DATEMAR 1 4 '60 arthur S. thous John J. Duda 7922 Wise Avenue 22, Md.

HITER TO STADISTRY OF DESCRIPTION The state of the s Commence of the second second place to the fact that the second of the 

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO F RAL DIRECTOR: After pertificate has been standed by the attending physician and completely the in by the funeral director.

X	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  2895 CERTIFICATE OF DEATH
M	Reg. Dist. No.  1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE Maryland b. COUNTY Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Baltimore 22  Baltimore 22
X	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1501 Bethlehem Ave.    d. STREET ADDRESS   ON A FARMAY YES   NO
	3. NAME OF DECEASED (Type or print) BENJAMIN BROOKS HARRISON 4. DATE OF DEATH March 27, Doy Year 60
	5. SEX Male White NEVER MARRIED NEVER MARRIED April 10, 1879 80 birthday) yrs. Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of wark done described)  10b. KIND OF BUSINESS OR INDUSTRY 11. 81RTHPLACE (Stote or foreign country)  Oxford, Maryland  12. CITIZEN OF WHAT COUNTRY USA
	13. FATHER'S NAME Benjamin Franklin Harrison 14. Mother's Maiden NAME Martha Jane Hunt
72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Leonard R. Harrison - same as # 4
vent within	18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (o)  DUE TO  DUE TO  INTERVAL SETWEEN ONSET AND DEATH CONSET AND DEATH C
رة م م م	Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying cause lost,  (b) Cancer roslate gland 3400  3400  3400  3400  3400  3400
oval, an	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
or rem	20a. ACCIDENT WAS UNDERLYING   20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
emotion	20c. TIME OF INJURY Month, Doy, Year Hour o. m.  19 While Nat while of work of two of
to burial, cr	21. I certify that I attended the deceased from San 1, 1957, to 197. 27, 1960 that I last saw the decease alive on 197. 1960, and that death accurred at 3-9.M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNE
or prior	PHYSICIAN'S David H. Andrew, M.D. Baltimore 22, Maryland
e registr	NAME (Type)   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, fown, or county)   (Stote)   Burnial Cemetery   Baltimore County Md.
- 1	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Walter Brooks Bradley Inc.  ADDRESS  Dundalk 22, Md  240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE

HI ROUTE THE STATE OF DEATH	CERTIFICATI	APRO .
enterior briefytes our	MISS DAIL	asign ( ) ( a)
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1501 Settleben Ave.	. av A mail	Life that
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Oxford, Mar Land	Power Plant	Tuesdallass
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buelgraff is erost fiak	of T. M., Weetle	
netery Feellinors County No.	a Capacia	

MARYLAND STAYE DEPARTMENT OF HEALTH-BALTIMORE, 18

02950

e. IS RESIDENCE ON A FARM?

Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with I director, filed with hours after deoth. Poge 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Baltimore Maryland the funeral should be fil b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) 3/4 hrs. Bradshaw Fort Howard d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 22 Bradshaw Road Veterans Administration Hospital puo 2. NAME OF First Middle 4. DATE Last OF DEATH (Type ar print) TEO HAR TMAN withi 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH ofter DIVORCED WIDOWED T Male White 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) adod 00 during most of warking life, even if retired) Laborer Baltimore, Md. Brewery puo -9 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME physicion that the death certificate Margaret Biel Alphonse Hartman remove 17, INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. eve 216-05-420 offending Yes pleose ony 1B. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] DEATH WAS CAUSED BY: CEREBRAL INFARCTION IMMEDIATE CAUSE (a) the DUE TO p Canditians, if any, which CEREBRAL THROMBOSTS permit (b) gned gave rise to immediate DEC cause (a), stating the under-EDEMA OF LUNGS lying cause last. buriol-tronsit 20 been CATION cremotion, hd PHYSICIAN: The ottending 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.) a. m. While Nat while 0 at wark at wark p. m. After p

YES NO TO Manth Day Year March 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Manths Days Haurs yrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Clin. RecordsVAH. Balto 18. Md. Ft. HowardDivision INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES TO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (County) (State) 21. I certify that the (this hospital) attended the deceased fram. March-1960 . ta March 19.60, that 10 (we) last 200. Prom the causes and an the date stated above. saw the deceased alive an March 11, 19 60, and that death accurred 22a. SIGNATURE 22b. DATE ATTENDING PHYS. SIGNED STAFF PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS VAH Ft. Howard, Maryland POWDER DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION, 23b. 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) St. Stephens Bradshaw 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE MAR 1 5 '60 arthur S. Kraya RD., BALTO. LA. MD. 6009

RAL DIRECTOR: should HOSPITAL Stote 0 0 VR A15 (4) 15M 9/59

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		SHIT ANSTERNATION OF THE STREET	xxx
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nal sake house	VAIT JE, Sound, 16	,1,1,1,10	C. Parint
material Leads			

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TO FE VS A15 (4) 15M 9/5B

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2983 **CERTIFICATE OF DEATH**

02951 Rea. Dist. No

	PLACE OF DEATH  J. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO STATE Marvland		. If institution b. COUNTY	: Residence bef	are admiss	ion)
	. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate li	mits, write RUI	RAL and give no	earest fawn	,)
	RURAL and give nearest town)  Garrison	4 wks.	XBaltimore					
	NAME OF HOSPITAL (If nat in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	7. //0				FARM?
	Foxleigh Nursin	ng Home	2425 Diana	_			YES X	NO 🗌
	NAME OF DECEASED Type or print)  First  OU  First	S Middle	PRTZ	4. DATE OF DEATH	March	9	/	Year 19 60
5. 9	EX 6. COLOR OR RACE 7. MAR	RIED MEVER MARRIED	B. DATE OF BIRTH			F UNDER 1 YEA	-	
1	Male White WIDOW	ED DIVORCED	March 27, 189		60 yrs.	Months Days	Hours	Min.
700	. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country		12. CITIZEN C	F WHAT C	OUNTRY
1	during most of warking life, even if retired)  Retired  Le	dies Ready Wes	Beltimo	ore, Md.		П. :	S. A.	
13.	FATHER'S NAME	MED REGULT HOL	14. MOTHER'S MAIDEN					
	Moses Hartz		Lena Sua	gar				
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT		Addre	55		
1,,,,,	(if yes, give war or odies or service)	Ma Ma	rs. Miriam Har	rtz Sa	me			
	1B. CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b), and (c).]					TERVAL BE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Duperneph	toma with	much	ole	Or	JEN	DEATH
	180 X DUE TO	Imetas	tases				0	
	Conditions, if ony, which (b)(b)							
	couse (o), stoting the under-							
_	lying couse last. (c)						T	
0	PART II. OTHER SIGNIFICANT CONDITIONS	0		INAL DISEASE CON	NDITION GIVE	N IN PART 1(0)	19. WAS	AUTOPSY DRMED?
S	Coronar	/					YES 🗌	NO 🔀
CERTIFICATION	200. ACCIDENT WAS UNDERLYING A 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 18.)			
WEDICAL			ACE OF INJURY (Home, form ctory, street, office bldg., etc		wn)	(Caunty	y)	(Stote)
WED	Hour a.m. While of wor	Not while ta	crory, street, office blog., erc	-)				
-	21. I certify that I attended the decease		, 19, to	, ,		hat I last so		
	alive an, 19.6	and that death	accurred at	ADDRESS (Street,				a abave
	ACTUAL SIGNATURE MICKSKIN	, 5 m	M.D. 237	· O Eux	sw/o	e		
	PHYSICIAN'S Milton B. Kirs	h, M.D.						
220	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION	(City, town, or	county)	(Stot	re)
	Burial 3/10/60.	Hebrew Frie	endship	Balt	imore,	Md.		
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	1	RAR'S SIGNAT	URE	
1 5	ol Levinson & Bros Inc	6070 P-4-4	DA BEAG	1 1 '60	0.11	- 9 4	4	

PTARO ROSTADERRADE ESTA es retisi VS dores to the experience of the second field of the se nesd Attack Entra Name Committee millioner or and it has been been been nittle on a sone distance to MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

and a first the common property of the first terms of the common for the common of the

		2985 MEDICAL EXAMIN	ER'S CERTIFICATE OF DEATH (4219)
		PLACE OF DEATH  6. COUNTY  Baltimore  MARY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission e. STATE Maryland b. COUNTY Baltimore
M		b. CITY OR TOWN (if outside corporete fimits,   c. LENGTH OF STA	AND
`		write RURAL end give neerest town)	X
/		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street edde	oss)   d. STREET ADDRESS   e. IS RESIDENC ON A FARM
1	_1	Rt. 10 - Big Gunpowder Falls Road	Rt. 40 - Big Gunpowder Falls Rd. YES NO
ı		DECEASED (Type or crint)	Lest 4. DATE Month Dey Yeer OF DEATH March 28 10 60
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	TRINES HATCH 20 19 00
1	1	Windy To I / awares	last birrndey) Months Deys Hours Min.
	1De	Femal  USUAL OCCUPATION (Give kind of work a libb. KIND OF BUSINESS OF meduring most of working life, even if retired)	
	00	during most of Advicing tile, even it female	Baltimore Md
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
4		WAS BEENDESE IN U.S. ARMED PORCES?   16. SOCIAL SECURITY N	Queenie Miller
	(A9	was breased ever in U.S. ARMED TORCES?   16. SOCIAL SECURITY N , no, or unkown) (If yes give we ror detes of service)	1.6
A	-/1	/ 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (	Mrs. Lizabeth Murdock 244 Exeter St.
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pneumonia	ONSET AND DEATH
		493 X DUE TO	
		Conditions, if eny, which (b)	
		geve rise to immediate cause (e), stating the underlying DUE TO	
		cause last. (c)	
2	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
X	CERTIFICATION	2Do. EXTERNAL CAUSE WAS   2Db. DESCRIBE HOW INJURY OF	YES X NO
	CERTI	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	CORCO. (Cities nature of injury in real for real if of item 15.)
		20c. TIME OF INJURY Month, Day, Yeer   2Dd. INJURY OCCURRED	2De. PLACE OF INJURY (Home, ferm, † 2Df. (Cily or town) (County) (State)
	MEDICAL	Hour e.m. While Not While et work et work	fectory, street, office bldg., etc.)
		21. I certify that I took charge of the remains described at	ove, held an Autopsy X, Inspection , Inquiry , and in my opinion
		death resulted from: Natural ceuses . Accident .	Suicide , Homicide , Undetermined menner
		or all	CHIEF MEDICAL EXAMINER
	3	SIGNATURE () CILLS (Elly -	M.D. ASSISTANT MEDICAL EXAMINER X DATE SIGNED
2		EXAMINER'S Charles S. Petty, M.I	DEPUTY MEDICAL EXAMINER 3/29/60
2		NAME (Type) Charles S. Pettv. M. 1	Address (Street, city, town, or county)
2	22a	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEN	ETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
2	22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEN	etery or crematory 22d, Location (City, town, or country) (Stete)  wrn Westport Md
2		BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEN	Westport Md  240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE

endminter a st. in - Big Our order this cost . That, he - dir our owder : 21s H. 4101 goffett atgnaud mparise Vergosis Type Miteabeth Mandoch Sul Exeter St. charles & sent , dele bit strogter w Divini . IX Divini Divini AND THE PARTY OF T

VS A15 (4) 15M 9/58 M

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2986 CERTIFICATE OF DEATH

		Key. Dist. 140.
	1. PLACE OF DEATH O. COUNTY ALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)  o. STATE  ARYLAND  b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  BALTIMORE  1 VR.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 2924 EDGEWOOD AVE.	1 d. STREET ADDRESS 12924 EDGEWOOD AVE. 9. IS RESIDENCE ON A FARM? YES NO NO
	3. NAME OF DECEASED (Type or print) WILLIAM ALMON H	A DATE Month Day Year OF DEATH MARCH 24, 1960
	WIDOWED DIVORCED	8. DATE OF BIRTH  APRIL 26/1891  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done ob. KIND OF BUSINESS OR INDUSTRIES OF IN	MASSACHUSETTS U.S.A.
_	13. FATHER'S NAME ALFRED WATSON HAYS	ALICE MAR KIFFE
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. (15 yea, give wor or dates of service)	Morran Hays 2924 Edgwood au
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), 5rd (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.  (c)  CAUSE OF DEATH [Enter only one couse per line for (o), (b), 5rd (c).]  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	ory Occursion tonfarel ONSETAND DEATH olan disease 5+yr
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		ACE OF INJURY (Home form, 20f. (City or town) (County) (Stote)
	ACTUAL THE BOT KASSES	occurred at A M, from the causes and on the date stated obove.  ADDRESS (Street, city or town stote)  DATE SIGNED  M.D.
	PHYSICIAN'S FRANK TIKASI	K Balls 14
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O DAK LAW	DCEMI BALTO, MD.
	Experimental directors signature 2334 Letterson	DATE MAR 2 8 '60 CITCHUR S. Thouse

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STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b COUNTY MARYLAND b. CITY-OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town menes 91621 d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? MANNS MANNS YES T NO PA NAME OF 4. DATE Middle First Month Day Year DECEASED OF (Type or print) 19 6 0 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED lost birthday) Months Days Hours Min JUNE 16-1884 DIVORCED T WIDOWED F 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? daring most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Yes so as unknown 189-18-1664 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND PEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO cattse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART-1(0) 19. WAS AUTOPSY PERFORMED? YES T NO K 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) foctory, street, office-bldg., etc.) Hour o. m. While Not while at work of work p. m. 19 60 that I last saw the deceased 21. I certify that A attended the deceased from and that death occurred at TM, from the causes and on the date stated above. alive an ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, Jown- or county) (State REMOVAL (Specify) 0 23. FUMERAL DIRECTOR'S SIGNATURE **ADDRESS** 24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Times & Kroue

DATE MAR 2 2 '60

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V	S.	A15	(4	)

	Fe C	703		•••	9	Reg. Dist. No.	
1. PLACE OF DEATH	altimore	MARYLAND	o. STATE		h COUNTY -	Residence before admissi	ion)
			Fiu.		1	Balto.	
RURAL ond give ne		rite c. LENGTH OF STAY IN 16	50	onsville	limits, write RUR	AL and give nearest town	1)
d. NAME OF HOSPITA	AL (If not in hospital, give s	itreet address)	d. STREET ADDRESS			e. IS RESI	IDENC
OR INSTITUTION	+ Payson A	ve.	4 Pays	son Ave.		ON A	FARM
3. NAME OF DECEASED (Type or print)	Mary First	$R_{ullet}$	Hefner	4. DATE OF DEATH	Month March		Year
F. SEX	747	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH Dec. 9,18			Onths Days Hours	R 24 H
Oa. USUAL OCCUPATION during most of working HOUSERO	ing life, even if retired)	106. KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (SI		r)	12. CITIZEN OF WHAT	COUN
3. FATHER'S NAME			14. MOTHER'S MAIDE				
	John Grib	obin	Anna	Knell			
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? If yes, give wor or dates of service		INFORMANT	17.0	Address		
			Mr. Louis (	Heine	r 4 Pay	yson Ave.	
		per line for (o), (b), and (c).]	100000	7 1 /-		INTERVAY BET	TWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		wrongry	2 mbolls r	7	3	77
420.	DUE TO		1 -1	/\	/		
Conditions, if on	y, which ) (b)		Auricular .	Necom	nens uti	m Hr	no.
gove rise to in cause (o), stating t lying cause lost.	he under-		Lyperten.	5/00		20	rc
	FR SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BE			NIDITION CIVEN	7	ALITOR
5			- NOT KEENED TO THE TE		ADITION GIVEN	PERFOI YES	RMED?
PART II. OTH PART II. OTH PART III. OTH	L.) CAUSE OF DEATH I	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	in Port I or Port II of	item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	v	20d. INJURY OCCURRED 20e. While Not while twork of work	PLACE OF INJURY (Home, for foctory, street, office bldg.,	orm, 20f. (City or to	wn)	(County)	(Sto
21. I certify the	at, I attended the dec	ceased fram.	+ , 1957, to	3.4	190.1	that I last saw the	dece
alive an	V: D	1969, and that dea	th accurred at 30 K	M, from the	e causes and	d an the date state	d ah
1	5c	6/17	0	ADDRESS (Street,			TE SH
ACTUAL SIGNATURE	Corge &	o Wrace	M.D. 80 I	Tredence	E Gre.	281111 2	9,
PHYSICIAN'S NAME (Type)	regree 1	E. URBAIN					
20. BURIAL, CREMATION		22c. NAME OF CEMETERY		22d. LOCATION		ounty) (State	1)
Burial (Specify)	3-12-60	Cathedral	Cem.	Ba	lto.	Md.	
3. FUNERAL DIRECTOR'S		ADDRESS		C'D BY REGISTRAR		AR'S SIGNATURE	
Farley Fr	inerel Home	Catonsvil	le Md . DATE	MAR 1 1 '60	Live	A. / VIIIVE	

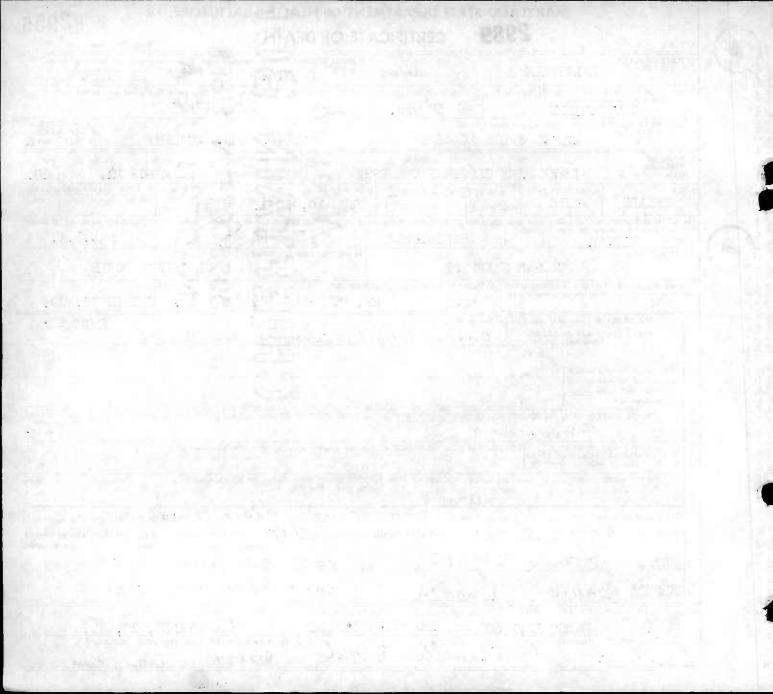
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VS A1S (4)

2989	CERTIFICATE OF DEATH	R
MARYLAND STA	TE DEPARTMENT OF HEALTH—BALT	IMORE, 18

02955

ATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY BALTIMORE b. COUNTY MARYLAND MARYLAND BALTIMORE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) CATONSVILLE 58 yrs. CATONSVILLE d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? MT. DE SALES ACADEMY MT. DE SALES ACADEMY YES NO IX 4. DATE NAME OF DECEASED OF DEATH SISTER MARY CLEOPHAS HENNESSY MARCH 10. (Type or print) 1960. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months JUNE 10, 1871. FEMALE MALLED DIVORCED [ WIDOWED | YFS. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) IRELAND U.S.A. RELIGIOUS SISTER 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS HENNESSY ELIZABETH DOYLE INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address MT. DE SALES ACADEMY. CATONSVILLE 28, MD. NONE 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ARteriosclopotic CARDIO VASCULAR IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 79. WAS AUTOPSY PERFORMED? Pneumonia YES NO M 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INIURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) foctory, street, affice bldg., etc.) Hour a m Not while of work at work 21. I certify that I attended the deceased from Feb. 15, 1960, to MARCH 10, 1960, that I last saw the deceased 10 , 19 60 , and that death accurred at 11.55°M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) MD. 3603 Edmonson AVE. ACTUAL SIGNATURE BALTIMORE 29, Md. PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) MT. DESALES CEMETERY CATONSVILLE. 28, MD MARCH 12.1960 24g. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE MAR 1 7 '60 arthur & Krous



VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IS RESIDENCE ON A FARM?

YES NO

PERFORMED? YES V NO

(Stole)

(Stote)

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	2991	CERTIFIC	ATE OF DEATH		Reg. Dist. N	lo.
1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (Who			fore admission)
Baltimor	е	MARYLAND	mid	b. cou	The sale	
b. CITY OR TOWN (If outside corpore RURAL and give nearest town)	ote limits, write	C. LENGTH OF STAY IN 16	11 / 10 . 1	utside corporate limits, wr	ite RURAL and give r	nearest fown)
Rural: Towson		2 mon The	5 Docators	untle		
d. NAME OF HOSPITAL III not in hos or institution Eudowo Towson	Sanat 4. Mary	orium	1 J. Par	roles am	Ball 28	e. IS RESIDENCE ON A FARM? YES NO
V .	First 4MES	Middle 73051		4. DATE OF DEATH	Month 3	Poy Yeor 4 1960
19 W	WIDOWE		7/18/83		Months Days	AR IF UNDER 24 HRS.
100. USUAL OCCUPATION (Give kind of during most of working life, even if Reference 18+0 R.	retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME Wm T/				AME Bell		
15. WAS DECEASED EVER IN U. S. ARME (Yes, no. or unknown) (If yes, give wor or d		SOCIAL SECURITY NO. 17.	Hospital Reco	T UTS COLA	Address od Sanato	ium
18. CAUSE OF DEATH [Enter only		e for (o), (b), and (c).]	- 10		12	TERVAL BETWEEN
PART I. DEATH WAS CAUSE IMMEDIATE CA	USE (o)	Tulmer	my , we	voulises		5 mo.
	OT 3U	1				
Conditions, if ony, which gove rise to immediate	(b)					
lying couse lost.	(c)					
PART II. OTHER SIGNIFICAN		ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN		/	19. WAS AUTOPSY PERFORMED?
3 Drat	etes M	relatus -	Cucioni 4		47/58	YES NO
PART II. OTHER SIGNIFICAN  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMI	EATHI	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Po	ort I or Part II of item 1B.		
20c. TIME OF INJURY Month, Doy Hour o. m. p. m.	While	UURY OCCURRED 20e. P Not while of work	LACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City or town)	(Count	(State)
21. I certify that I attended				March 4 , 191	o that I last	saw the deceased
alive an March	3 , 196	and that deat	h occurred at 10.15 A	M, from the cause	es and an the d	ate stated above
ACTUAL MA, 10	10 B	Kilon		DDRESS (Street, city or to od Sanatoriu		DATE SIGNED
SIGNATURE VAA	111/0	/ I be w	M.D. Budowoo	A Sallator Lu	10 10 10 10 10	11 49 Mars
PHYSICIAN'S Milton B	. Kress,	M.D.				
22q. BURIAL, CREMATION, 22b. DATE T	HEREOF 7-1960	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, tov	vn. or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	1	ADDRESS	24a. REC'D	BY REGISTRAR 24b. R	EGISTRAR'S SIGNAT	URE
Mai mart	10/02	V (20)	DATEMAR	7 '60	William S. the	ud.

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		Hillor Marie at the No.		

	MARYLAND STATE DEPARTMENT OF HEALTH—E	BALTIMORE, 18
	2910 CERTIFICATE OF DEATH	Reg. Dist. No. () $2958$
)	1. PLACE OF DEATH a. COUNTY  Baltimore  MARYLAND  2. USUAL RESIDENCE (Where de o. STATE Maryland)	eceased lived. If institution: Residence before admission) b. COUNTY Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Reisterstown  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Reisterstown	corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 230 main \$\infty\$	e. IS RESIDENCE ON A FARM? YES NO 1
	DECEASED	DATE Manth Day Year DEATH Nurch 12 1960
	S. SEX Serveale   6. COLOR ORGACE   7. MARRIED   NEVERMARRIED   B. DATE OF BIRTH WIDOWED   DIVORCED   Mar 29, 187:	2 9. AGE (In yeors last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  None  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or for for working life, even if retired)	land 12. CITIZEN OF WHAT COUNTRY
1	Josiah Ritter Emma J	· Hooper
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) The William Hill	Tow 718 Belgian are Co
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Bronchopneumone	INTERVAL BETWEEN ONSET AND DEATH
	334X DUE TO Simility	
	gave rise to immediate couse (a), stating the under-lying couse last.  (b)  DUE TO  Cerefral arteris cleros.	ús .
0	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART 100 PART
	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While of wark of wark of wark 19 of wark	f. (City or town) (County) (State
		fram the causes and an the date stated above
		ESS (Street, city or town, stote)  DATE SIGNED
/	PHYSICIAN'S George C. Medairy M.D. Rei	sterstome Ind
	22d. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial March 15,60 All Saints Cemetery	LOCATION (City, town, or county) (Stote) Reisterstown, Md.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY F	REGISTRAR 24b. REGISTRAR'S SIGNATURE
	J.F.Eline & Sons Reisterstown, Md. DATE MAR 1	5'60 arthur & House

TRACE TO STANFARD LESS A CANCELLAND SERVICE DATE OF THE SERVICE The state of the state of the state of the transport to the Street with the Experience of the Street and the Street and the Street and Street The property of the property o

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VS A15 (4)

15M 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2992 CERTIFICATE OF DEATH

02959

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND ストルイトレング LTIMORE ALTIMORIE b. CITY OR TOWN (If autside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) YEARS d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Manth Year DECEASED DEATH (Type or print) ARCH 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Doys DIVORCED | WIDOWED TO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ARME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (o), stating the underlying cause last. GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (State) (County) foctory, street, office bldg., etc.) Hour o. m. While at wark 21. I certify, that I attended the deceased fram. that I last saw the deceased and that death accurred at M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 22d. LOCATION (City, town, or county) 22g. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) "REMOVAL (Specify) 159 (15 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR DATEMAR 1 6 '60 arthur S. Kinus

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VS A15 (4) 15M 10/57

MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	11
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QQ2 CERTIFICATE OF DEATH

		NAS	<b>GENTIN</b>	AIL OI D		•		Reg. Di	ist. No.		
a. COUNTY	Balto.		MARYLAND	2. USUAL RESID		ere decease	d lived. If instituti b. COUNTY		nce befor	e admissio	on)
b. CITY OR TOWN	(If outside carporote limit	s, write c. LEt	NGTH OF STAY IN 16	-		utside corpo	orate limits, write R	URAL ond	give near	rest tawn)	
Luthervil				Baltim	ore			3	NO.	1-4	
d. NAME OF HOSE OR INSTITUTION	PITAL (If nat in hospital, gi	ive street address	3)	d. STREET A						ONA	FARM?
College M	enor			St. Ja	mes H	otel	Charles	& Ce	ntre	YES	но 🗌
DECEASED (Type or print)			Middle	Loss		4. DATE OF DEATH	Mor		Doy		
. SEX			ALEVED ALLDOUED EN	B. DATE OF BIRTH	4	DEATH	9. AGE (In years		LYEAR		
female			DIVORCED []		000		last birthdoy)	Months	Days	Hours	Min.
			-		888	- (- : -	71 yrs.	lan cu	717511 01		CO. 12.17.
during most of we	arking life, even if retired)	ione IUD. KIND	OF BUSINESS OR IND	USIKT III. BIKIMPU	ACE (State	ar tareign c	auntry)	12. CI	IIZEN OI	r WHAI	COUNT
	orked			N	J						
3. FATHER'S NAME		17.2		14. MOTHER'S	MAIDEN N	IAME					
Henry	Holme			Pa	uline	Wadd	ington				
(Yes. no. or unknown)			L SECURITY NO. 17.	INFORMANT			Add	ress	17.5	- 1 - 1	
-	( yes, greened or occasion to			Mr. D. H.	Madd	ingto	n - Atlar	140	Co		
18. CAUSE OF D	EATH   Enter only one can	use per line for (		MA - LV - LV -	Mauq	mg w	II - AULAI	l-til-j	LINTE	RVAL BET	WFFN
	EATH WAS CAUSED BY:	P	1	0.1	./.				ONS	ET AND	DEATH
11/2	6 1	In	amonan	y embo	uo				m	inn	lle
40.											
lying couse las	(c)										
PART II. O	C -	1	BUTING TO DEATH BU	IT NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(a) 15	PERFOR	MED?
200. ACCIDENT V	VAS LINDERLYING [7]		HOW INJURY OCCUR	ED. (Enter nature at	f injury in F	Port I or Par	t II of item 18.)	ans		123 []	110
	Y MEDICAL EXAMINER)										
				PLACE OF INJURY (Hactary, street, office			or town)	(	County)		(Stote
p. m	10		t wark	,,,	J. 08., CIC.						
21 Leartifu	that I attended the	deceased for	om mar	1 , 1960	to d	11/1	, 19	that I	last	sl	daca
1	Mar 4	10 / 6		h occurred ot.							
alive on		17 9 0	_, ona mor deo	n occurred of.			n the couses of treet, city or town.		ne dot		
ACTUAL	F. 10	B	0	1/ 0 /	21	N /	A SA	Sidie)	1 - 20	A I	BETWEEN  AT COUN  BETWEEN  BETWEEN  AT COUN  SAUTOP  FORMED?  (Sto
SIGNATURE	miss C	Mary	n pr.	M.D. 11-01	VI. C	alse	21 1/1	Jall.	-2 VV	4	2/1,
PHYSICIAN'S	Balto  OR TOWN (If outside carporote limits, write and give nearest town)  PVILLE  OF HOSPITAL (If not in hospital, give street add stitution)  BE First  OF HOSPITAL (If not in hospital, give street add stitution)  BE First  OF HILDA  6. COLOR OR RACE  White WIDOWED [  OCCUPATION (Give kind of work done town one of working life, even if retired)  OCCUPATION (Give kind of work done town one of working life, even if retired)  OCCUPATION (Give kind of work done town one of working life, even if retired)  OCCUPATION (Give kind of work done town one of working life, even if retired)  OCCUPATION (Give kind of work done to lob. KIN one of working life, even if retired)  OCCUPATION (Give kind of work done to lob. KIN one of working life, even if retired)  OCCUPATION (Give kind of work done to lob. KIN one of working life, even if retired)  OCCUPATION (Give kind of work done to lob. KIN one of working life, even if retired)  OCCUPATION (Give kind of work done town one of lob. KIN one of working life, even if retired)  OCCUPATION (Give kind of work done town one of lob. KIN one of working life, even if retired)  OCCUPATION (Give kind of work done town of lob. KIN one of working life, even if retired)  OCCUPATION (Give kind of work done town one of lob. KIN one of working life, even if retired)  OCCUPATION (Give kind of work done town one of lob. KIN one of lob.										
NAME (Type)	OLL TOP DATE THEREO	r lee									
REMOVAL (Specif	y) ,	72c.	NAME OF CEMETERY	OK CREMATORY		ZZd. LOCA	TION (City, tawn,	or county)		(State)	-
Burial			/	urial Gro		Bal					
3. FUNERAL DIRECTO	R'S.SEGNATURE	10/1	KODRESS /5	A17		BY REGIST		STRAR'S SI			
SAM . F.	Wiewie	TX	ous. le	1011	DATEMA	48 6	0 -	uma I.	/ WALL	3	

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	CERTIFICATE OF DEATH		
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riginal residence in the state of the state			

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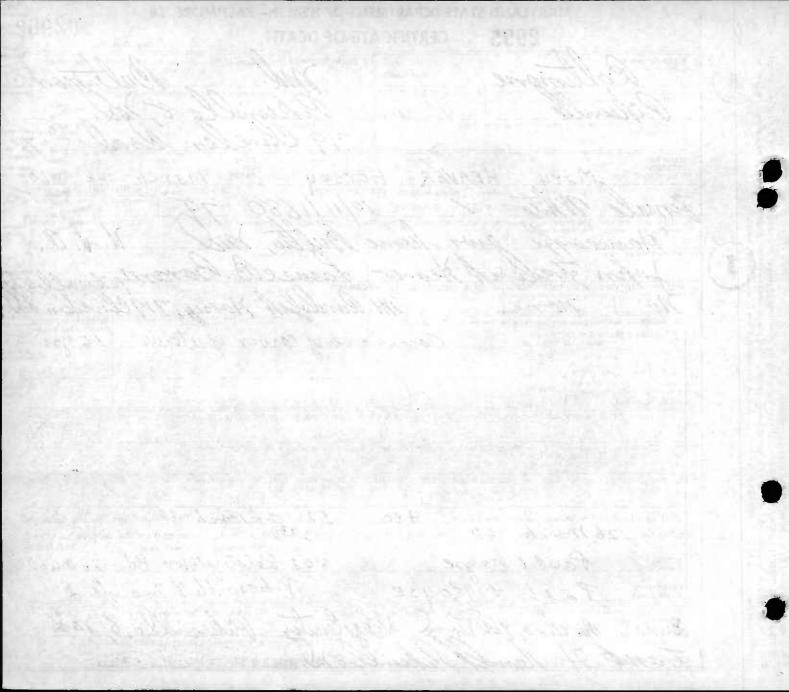
02961 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY  BALTIMORE		USUAL RESIDENCE (Where deceased lived of STATE	. If institution: Residence before admissi b. COUNTY	ian)
b. CITY OR TOWN AF autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate li	mits write RURAL and give pearest town	1
RURAL and give frearest town).	6 months	BUFFALO	69)	x-3
d. NAME OF HOSPITAL (If not in haspital, give street a OR INSTITUTION		d. STREET ADDRESS 148 HC	e. IS RESI	IDENCE FARM?
1903 EAST.	DALE RD.	7903 EASTU		NO Z
3. NAME OF DECEASED (Type or print) GEORGIA	C, Middle	Lost 4. DATE OF DEATH		Year 1960
S. SEX 6. COLOR OR RACE 7. MARRI FEMALE WHITE WIDOWEL	THE THE MARKET I	ATE OF BIRTH 9. AC	SE (In years of UNDER 1 YEAR IF UNDER 1 Haurs of birthday)  Manths Days Haurs	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K		11. BIRTHPLACE (State or foreign country	9	OUNTRY?
during most of working life, even if retired) RETIRED ASSEMBLY LINE BE	ELLDIE C'RAFT	BUFFALO	U.S.	9,
13. FATHER'S NAME		. MOTHER'S MAIDEN NAME		
C	ARR.	UNRRIET D	401050N 1956	o Tom
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	111116.0161	Address	5 70 11.
(Yes, no, or unknown) (If yes, give wor or dates of service)		EUELY NHAMBLE	TON 7903 EAST.	DALL
18. CAUSE OF DEATH [Enter only one cause per line	e far (a), (b), and (c).]	,	INTERVAL BE	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Corenary (	de chisim.		
443× DUE TO	_ 0	- 1 1.		
Canditians, if any, which ) (b)	ity peulen sur On	Tein salute Hout	Dissorp	
gave rise to immediate DUE TO				
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a) 19. WAS	AUTOPSY RMED?
PART II. OTHER SIGNIFICANT CONDITIONS CO			YES 🗌	NO
_	RIBE HOW INJURY OCCURRED. (E	nter nature af injury in Part I or Part II af	item 1B.)	
20c. TIME OF INJURY Manth, Day, Year 20d. IN Hour a. m. 19 at wark	Nat while factory,	OF INJURY (Hame, farm, 20f. (City ar ta street, affice bldg., etc.)	wn) (Caunty)	(State)
21. I certify that (I) (this hospital) attended saw the deceased glive an March (I)		occurred at 18M, from the	2),1960, 19, that (I) (	
220. SIGNATURE	M.D.			b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) A NUEL P. DE		22d. ADDRESS  7840 Fortun		ng.
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OF CR		(City, tawn, ar county) (State	ORK
BURIAL 3-31-1760	661	2011	25b. REGISTRAR'S SIGNATURE	

EN PERMIT HEART RESEARCH THE PROPERTY OF THE PARTY OF DEW JORK 12 A P. O. S. Stranger Server THE I SENT NOTE THE WAY TO SEE THE THE PARTY OF THE CONTACTOR TO A SECURITION OF THE SECURITIES AND THE CARE I SHE TO SEE THE SHEET SAFE 

(State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO P VS A15 (4) 15M 10/57 H

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

					Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Dundalk Baltins	ne Countimaryland	2. USUAL RESIDENCE (WHO O. STATE Maryland	ere deceased lived. If institution b. COUNTY	Pundalk	
RURAL and give	er Station	c. LENGTH OF STAY IN 16				
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 213 Center Street			/ d. STREET ADDRESS 213 Cente	er Street	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	Nannie	Middle <b>F</b> •	Hurley	4. DATE Month OF MAR		
5. SEX Female	6. COLOR OR RACE 7. MAR WIDOW		July 10, 1900		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.	
10a. USUAL OCCUPAT during most of we House	ION (Give kind of work dane 10borking life, even if retired) WIFE	. KIND OF BUSINESS OR INDU		or foreign country)  n, Virginia	12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
	Grant		Mary Ella	a Cooper		
(Yes, no. or unknown)	/ER IN U. S. ARMED FORCES? 16	A second second	INFORMANT Marshall Hurle	Addres		
Conditions, if gove rise to cause (a), stoting lying cause last	g the <u>under-</u> DUE TO (c)	STEPATICE  CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN		ONSET AND DEATH  ONSET AND DEATH  ON IN PART 1(g) 19. WAS AUTOPSY	
\forall \textstyle \te			2		PERFORMED?	
OR CONTRIBUTION	VÁS UNDERLYING   206. DES G   CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	drt I ar Part II of item JB.)		
20c. TIME OF INJU Hour o. m.	White		ACE OF INJURY (Hame, form, clary, street, office bldg., etc.	20f. (City or town)	(Coupty) (State)	
21. I certify t	hat I attended the decear	sed fram VUV-EV			that I last saw the deceased an the date stated above	
ACTUAL SIGNATURE	121111	mao	M.D	077119116	in Or Palton	
PHYSICIAN'S NAME (Type)	141 dhi	mas	10771	19nain()	1)M(to 27	
PEMOVAL (Specify		Mt. Zion Bay		22d. LOCATION (City. town, or Warrington,		
3. FUNERAL DIRECTO		ADDRESS			RAR'S SIGNATURE	
Moder	1. Frew	802 Madison Av	enue DATE	16'60 011	0 4	
				1 13 1311	WT A THANK	

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				PASSES DIA	
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	STORE ALL VIEW			north Louwell	
to and entire	ESV - voletski filmle is		-	0	
THE CONTRACTOR OF THE CONTRACT					

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Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence befare admission) Prince George c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES T NO T Year Day March 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs 12. CITIZEN OF WHAT COUNTRY? U. S. A. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES X NO (Caunty)

(State)

ACTUAL SIGNATURE

Stella Wachsler. M. D.

Catonsville

GROVE

DATE SIGNED

(State)

PHYSICIAN'S NAME (Type)

22a. BURIAL CREMATION.

REMOVAL (Specify)

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, tawn, ar caunty)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24g. REC'D BY REGISTRAR MAR 29'60

24b. REGISTRAR'S SIGNATURE

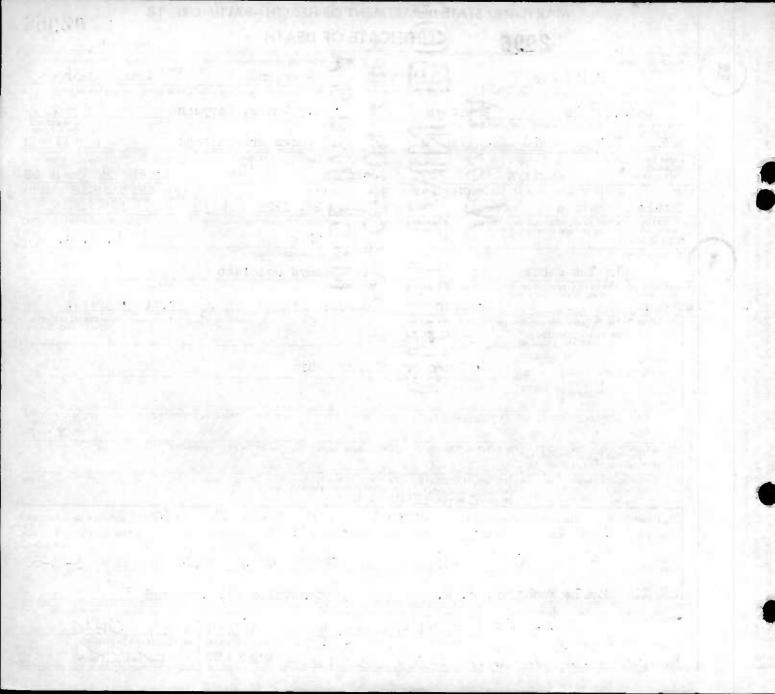
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## MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

1)	9	0	13	-	
U	2	3	U	0	

1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)  COCKEYSUILLE  23 MONTHS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  13 ALTIMORE 3V01, 4
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION MASONIC HOME	d. STREET ADDRESS  5206 FERN PARK AULE. C. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle (Type or print) WILBUR	JOHNSON 4. DATE Month Day Yeor DEATH MARCH 13 1960
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  11-8-1889  9. AGE (In years last birthdoy) 70 yrs.    IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
100. USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired) CONDUCTOR  RAIL ROAD  13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country)  MARYLAND  12. CITIZEN OF WHAT COUNTRY?  U-S.
GEORGE W. JUHNSON	AMELIA WITTMAN.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (If yes, give wor or dates of service) 709-10-5339	Frank L. Smith J Cockeywelle Kr.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	herotic Cardis  Duease  2 years
ICATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  NO  (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.) (City or tawn) (Caunty) (State)
21. I certify that (I) (this haspital) attended the deceased framsaw the deceased alive an 3-13 1960, and that a 220. SIGNATURE	death accurred at 20 M, fram the causes and an the date stated abave.
22c. PHYSICIAN'S NAME (Type) WALTER T KEES	M.D. PHYS.   MED. STAFF   3/3/6 Q SIGNED
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  BURIAL  24. FUNERAL DIRECTOR'S SIGNATURE  23c. NAME OF CEMETERY O Woodlawn Ce	
Wm. Cook, Inc., 1217 St. Paul Street	DATE MAR 1.5 '60 Cother S. Hams

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MARYLAND	STATE	DEPARTMENT	OF DEATH BALTIMORE,	18
200	tem	8 F11mG259	3-28-60 et	
203	4 (	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

Reg. Dist. No. 02966

1. PLACE OF DEATH O. COUNTY AND MARYLAND	2. USUAL RESIDENCE (When		If institution, Residence be	efore admission)
b. CITY OR TOWN (If outside corporate limits, write 8UAL and give nearest fown) a	c. CITY OR TOWN (IF out	side corporate lir	nits, write RURAL and give	nearest town)
Juners sta 3041s.	33 MM	1720 L	1 Stallo	1
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	d. STREET ADDRESS	a O Grass	tand	e. IS RESIDENCE ON A FARM? YES NO M
3. NAME OF First Middle	Lost	4. DATE	Month	
(Type or print) Dessie Dane	3	OF -73	arch 13th	196019
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED	8. DATE OF BIRTH		E (In years   IFUNDER 1 YE   bigthday)   Months   Day	AR IF UNDER 24 HRS. s Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND, OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole of	foreign country)	20.1	OF WHAT COUNTRY?
during most of working life, even if retired) of once	- Vino	junia		15.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	AE T	40	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
(Yes, no. or withnewn) (If yes, give wor of dates of service)	Harver	19	Brus 103.	voultrust
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	mallit		, 11	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Mellines	V	alone	tur
260 X DUE TO				1/
Conditions, if any, which) (b) Au best	MAIN			untengen
gove rise to immediate DUSTO				
couse (a), slating the <u>under-</u> lying cause last.				
	NOT RELATED TO THE TERMIN	AL DISEASE CON	DITION GIVEN IN PART 1(0	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO BE THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO BE THE PART II. OTHER SIGNIFICANT CONDITIONS TO DEATH BUT OR CONTRIBUTING TO DEATH BUT OR CONTRIBUTION TO D				PERFORMED?
	ED. (Enter nature of injury in Po	et I or Part II of	item 18.)	X
20c. TIME OF NUURY Month, Boy, Year 20d. INJURY CURRED While Not While of work of work	LACE OF INJURY (Home, form, octopy, street, office bldg, etc.)	20f. (City or to	vn) (Coun	(State)
21. I certify that I attended the deceased from Thursday	19 tol 10/11	Usrch.	1930 an that I last	saw the deceased
	occurred al 2.15 P	M from the		
direction of the second of the			ity or town, stote)	DATE SIGNED
SIGNATURE TO Thomas	M.D. 107	m.m	ainsh. Va	266203/13
PHYSICIAN'S NAME (Type)	10771.5	Marin	Dr. Bal	torza
220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY C REMOVAL (Specify) 3-17-60 Whates Me	OR CREMATORY 2	Balti	City, tawn, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		BY REGISTRAR	24b. REGISTRAR'S SIGNA	TURE
John M. Johnson 1011-13 N. Arlington AV	e, DATEMAR		Chilmy & the	

		CERTIFICA	
	A-W EDIENT HERE		
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Alward Marie		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	10 12 6	The Name of Street, St	
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Market comes as comes	U division		

VS A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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	299	8 CEKILIES	AIE OF DEATI		Reg. Dist. No.
1.	county Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryla	L COUNTY	ion: Residence before admission)  Baltimore
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Timonium	c. LENGTH OF STAY IN 16 unknown	c. CITY OR TOWN (IF a		RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Crowther AV	address)	d. STREET ADDRESS	ther Ave.	e. IS RESIDENCE ON A FARM? YES NO 🛣
	NAME OF First DECEASED Type or print) Hugh J	Middle	Lost	4. DATE Mo OF DEATH	Day Year 3-9 19 60
5. :			B. DATE OF BIRTH	9. AGE (In years last birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10-	male white widow		1-21-1882	70 yrs.	
TVC	USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  Stone Mason C	ontracting	Great E		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N		
	unknown		unknown	1	
15.  Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no. or unknown) (If yes, give war or dates of service)		M. Jones		st. 5., Towson4
CERTIFICATION	OR CONTRIBUTING   CAUSE OF DEATH	greetensi Vax			VEN IN PART 1(o) 19. WAS AUTOPSY YES NO
MEDICAL C	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour a.m. p. m. 19 While of wo	Not while for	ACE OF INJURY (Home, farm tory, street, office bldg., etc.		(County) (State)
220	21. I certify that I attended the decear alive an Actual SIGNATURE CONTROL OF THE SIGNATURE CONT	and that death of the control of the	M.D M.D M.D R CREMATORY	M, fram the causes an ADDRESS (Street, city or town,	KRd Journal A or county) (State)
_	urial 3-12-60  FUNERAL DIRECTOR'S SIGNATURE	Moreland Me		Baltimore D BY REGISTRAR 246. REG	14, Md.
		e, Towson 4,			nthun S. Kraua

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	Charles a region of the	los, Compon 4.	Fred Ismap	ma saloca

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Reg. Dist. No.

	Baltimo	re County	MARYLAND	J. 31A1L	Vid.	b. COUNTY 132	Ito City
	RURAL and give ne	outside corporate limits, writarest town) On, Maryland	c. LENGTH OF STAY IN 16	1 -	(If outside corporate li	mits, write RURAL and g	give nearest town)  3 VD 1, 4
	d. NAME OF HOSPITA	AL (If not in hospital, give stre	eet oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		son State Hos	oital	11-00-1-	,,, -,,,	7100	YES NO
3.	NAME OF DECEASED (Type or print)	Lola	Middle	Jones	4. DATE OF DEATH	Month 3	22 1960
5.	SEX F	14/	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9.5 P. AC	GE (In years it birthdoy)  Months  Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
100	o. USUAL OCCUPATIO during most of work	ing lite, even it retired)	06. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (SI	ole or foreign country	12. CIT	IZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	10	S Č	14. MOTHER'S MAIDE Margare	/	wrence	
15.			16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
IY.	No	If yes, give war or dates of service)		ospital Reco	rds, Mt. V	Vilson State	Hospital
		TH [Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Pulmona	- Tube	reulosis	ONSET AND DEATH
	002	DUE TO			7		1
	Conditions, if on gove rise to in couse (o), stoting t	nmediate ( DUE TO					
_	lying couse lost.	) (c)		,			
CATION	PART II. OTH	ER SIGNIFICANT CONDITION	betes Me	T NOT RELATED TO THE TE	RMINAL DISEASE CON	NDITION GIVEN IN PART	PERFORMED?  YES X NO
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury	in Port 1 or Port II of	item 18.)	
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Wh		LACE OF INJURY (Home, foctory, street, office bldg.,	orm, 20f. (City or to	wn) (C	County) (State)
-		at I attended the dece	eased fram. 1219	, 19 <u>58</u> , to	ch /		ast saw the deceased
	alive an	3/22 , 19	60, and that death	h accurred at 5./	SAM, fram the ADDRESS (Street, o		ne date stated abave
	ACTUAL SIGNATURE	Murcim	<b>n</b>	M.D. Mt. Wil	son, Maryl	and	
	PHYSICIAN'S NAME (Type)	Wm. Newcome	, M.D.	Super	intendent		
1	o. BURIAL, CREMATION REMOVAL (Specify)	3-25-60	Gardens of	Faith Cem		one; Md.	(Stote)
-	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	24a. R	EC'D BY REGISTRAR	24b. REGISTRAR'S SIC	GNATURE
	Leonard	J. Ruck 530	5 Harford Rd	DATE	MAR 2 4 '60	Cultury &	Kunta

			100
	Supplement.		
	Earnal and Market Ballet		
		2552255	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02969 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. EALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY files. Health, b. COUNTY MARYLAND TIMORE b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) of o d. INME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO Z NAME OF 4. DATE Middle Year DECEASED OF DEATH (Type or print) 19 60 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months WIDOWED [ DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) PRODOCTION WORK WORKE 13. FATHER'S NAME pages 14. MOTHER'S MAIDEN MILLEA 17. INFORMANT we war as dates of service! 18. CAUSE OF DEATH [Enter only one couse per like for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ectusion IMMEDIATE CAUSE (o) DUE TO 3 CV DISENSE Conditions, if ony, which gave rise to immediate couse DUE TO (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMEDA NO L 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED We. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) While of work of work 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection . Inquiry / and in my opinian deoth resulted fram; Notural causes Accident . Suicide , Homicide , Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAD CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) WESTERN Burial 23. FLINERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ALSME arthur & trave DATE 5M 2/57

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VS. A15ME(5) 5M 9/55

# 3001

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

eg.	Dist.	No.	

		COUNTY Ba	Ltimore		MARYLAND	2. USUAL RESIDENCE (V	Vhere deceased I	ived. If Institution: Res		imore
	b	ond give nearest (wh)	belavelle	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN JIF	Plair	te limits, write RURAL	ond give n	earest town)
		100	Ol Spring		itol, give street oddress)	d. STREET ADDRESS 8204	Spring	Bottom Way	7	e. IS RESIDENCE ON A FARM? YES NO
	-1	NAME OF DECEASED	Fie		Middle	Last	4. DATE OF	Month	Day	Year
		Type or print)		UIS		KADIS	DEATH	March	14	19 60
	5. S	Male	6. COLOR OR RACE White	7. MARRIED		DATE OF BIRTH	06 9.4	AGE (In years of birthday)  Months  yrs.	Days	Hours Min.
	10a	. USUAL OCCUPATION In the state of working	N (Give kind of work plife, even it refired)	done 10b. KI	ND OF BUSINESS OR INDUS	TRY 11. ERTHPLACE (Stote	or foreign count		US US	F WHAT COUNTRY?
	13.	FATHER'S NAME	and Ja	rab	Kadis	14. MOTHER'S MAIDEN N	L Ger	trude ?	)	1
	1S. [Yes.		R IN U.S. ARMED FC		OCIAL SECURITY NO. 17. 1 16263-7922/1	We Dera	Kadis	- 8 204 s	brir	Betton
2	CERTIFICATION	PART I. DEAT  42  Conditions, if or gove rise to immed (o), stoting the u couse lost.	nderlying DUE TO	Arte	TRIBUTING TO DEATH BUT I				ONSE	9. WAS AUTOPSY PERFORMED?
		20c. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING		HOW INJURY OCCURRED. (I	Enter nature of Injury in Port			County)	(Stote)
	MEDICAL	Hour o.m. p.m.	19	While		ory, street, office bldg., etc.	)	(	200,7	(3,0,0)
			at I took chorge from: Natural		emains described abo	icide, Hamicide		ection [], (nqu termined cause [	oiry [].	, and find that
		ACTUAL	14/	1/1	sher	M.D. CHIEF MEDICAL EX	CAMINER T			DATE SIGNED
,		EXAMINER'S NAME (Type)	Russell	S. Fis	her M.D.	ASSISTANT MEDICAL E			3,	/14/60
	220	BURIAL, CREMATION BEMOVAL (Specify)	Mar 16		Chyale C	CREMATORY	22d JOCATION	(City, town, or county	nar	(Stote)
	23/	FUNERAL DIRECTOR	SIGNATURE OF	nc - 6	0/0 heisters		D BY REGISTRAR	24b. REGISTRAR'S	SIGNATUR	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HYASURA TI ANTENIO TO ANTENIA Duly want Go government Calfond Calfonne Co Price of the specific of the specific of Carried Types And The Annual Salines All the second of the second o B. Land Trade Contract of the State of the S same of the same o December 1 the first the think of the time to the think of the time the time the time the time to the

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15M 9/58

ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DO (County) (State) \_\_\_\_\_, 1960 , ta March 1k \_\_\_\_, 1960 that I last saw the deceased \_\_, and that death occurred at 10.15 M, fram the causes and on the date stated above. DATE SIGNED 3-15-60 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORX 22d. LOCATION (City, 1947n, or county) REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SISNATURE ODRESS 24o. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE MAR 2 2 '60 arihur S. Kraus

e. IS RESIDENCE

ON A FARM?

YES NO

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02973 MEDICAL EXAMINER'S CERTIFICATE OF DEATH please exe-3004 crematian, Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) 15 Enrely Ra 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? KIRRS YES NO W NAME OF Middle DATE Day First Month Yeor DECEASED (Type or print) DEATH mus. 1960 5. SEX 9. AGE (In years 7. MARRIED M NEVER MARRIED 1 8. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS. ast birthday) Months Days WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) granustin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may poges w age 16. SOCIAL SECURITY NO. Address Fie Give 16. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO N 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part t or Part II of item 18.) 20a, EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) foctory, street, affice bldg., etc.) hora 19 of work of work I seemed writing 21. I sertify that I took charge of the remains described above, held an Autopsy \(\preceq\). Inspection , Inquiry , and find that rded to the Chief death resulted fram: Natural causes X, Accident , Suicide I. Undetermined cause . Hamicide , Ch. DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 Druid Ridge Cem. 2] Pikesville. Md Buri al 23. FUNERAL DIRECTOR'S SUGNATURE ADDRESS

24g. REC'D BY REGISTRAR

DATEMAR 2 1 '60

24b. REGISTRAR'S SIGNATURE

Orthun S. House

VS. A15ME(5) SM 9/55

EXAMINER:

DEPUTY

VS A1S (4) 15M 9/S8

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3005 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Md.	Where deceased lived. b.	If institution: Residence COUNTY Bal	timore
b. CITY OR TOWN RURAL ond give		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate limit	s, write RURAL ond g	ive nearest town)
	PITAL (If not in hospital, give street	et oddress) d Rd.	d. STREET ADDRESS	hettord R	d	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	James	A. Kav	anagh	4. DATE OF DEATH	March	Day Year 7 19 60
s. sex male	1 . ,	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  May 7, 1	9. AGE lost b	1 11 1	TYEAR IF UNDER 24 HRS. Doys Hours Min.
during most of w	TION (Give kind of work done 10) prking life, even if retired) Martin	b. KIND OF BUSINESS OR INDU	1 - A1 0	ersey	12. CITI2	USA
13. FATHER'S NAME	Kavanaoh		Grace	Wilson		
15. WAS DECEASED EV (Yes, no, or unknown)	VER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO.	Pauline	Kavanagh	Address	same
Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO	S CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TER	RMINAL DISEASE CONDI	TION GIVEN IN PART	11(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	NAS UNDERLYING   20b. DE NG   CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury	in Port I or Port II of ite	m 18.)	
Y 20c. TIME OF INJU	. Whil	- I	ACE OF INJURY (Home, fo octory, street, office bldg.,	arm, 20f. (City or town etc.)	) (C	County) (Stote)
21. I certify alive on	Mullow W. M. Conw	ond that death	19, 19, to noccurred of 010:11		uses ond on the	st saw the deceased dote stoted obove.  DATE SIGNED  3/8/60
220. BURIAL, CREMAT REMOVAL (Specif	10N, 22b. DATE THEREOF (y) 3-10-60	Parkwood (	PR.CREMATORY emetary	22d. LOCATION (Cit	/1/1 /	(Stote)
23. FUNERAL DIRECTO	10 0 1 520	5 Harford Rd		MAR 9 '60	arthur S.	

LARMANIA SWATE DEPARTMENT DEPERT TENTALTIFIC

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CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE b. COUNTY A MARYLAND Maryland Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Fort Howard Cockevsville Hours25 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO W 113 Padonia Road Administration Hospital Veterans NAME OF DATE Day Year Last Month DECEASED CHARLES DEATH E. KEDVER 19 60 (Type or print) March IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Hours Male White WIDOWED DIVORCED | 68 November YES. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Printing Co. Printer Baltimore, Maryland U. S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dashield Keener Laura Smith 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Yes Clinical Records VAH, Balto 18 Md Ft Howard Div. 211-01-7199 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY UNKNOWN LOBAR PREIMONTA IMMEDIATE CAUSE (o) XXX XXX Conditions, if ony, which CIRRHOSIS OF THE LIVER UNKNOWN gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or tawn) (County) (State) factory, street, office bldg., etc.) Hour a.m. Nat while at work at work p. m. 21. I certify that N/(this haspital) attended the deceased from 7:20 PM 3/1/1260, ta 6:45 AM 3/219-60, that (1/ (we) last \_1960., and that death occurred at M, fram the causes and an the date stated above. saw the deceased alive an March 220. SIGNATURE SIGNED ATTENDING M.D. PHYS. DIRECTOR /2/60 PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) CARIDAD GONZALEZ M.D 23h DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION. (Stote) REMOVAL (Specify) 3-5-60 Burial Baltimore Mary 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR Frank W. Seitz Funeral Home, 814 36th St. Balto. Md

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OR ATTENDING PHYSICIAN: The

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1SM 9/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND

c. LENGTH OF STAY IN 16

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a. STATE

Md.

b. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside carporale limits, write RURAL and give negrest tawn)

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PLACE OF DEATH

Balto.

RURAL and give nearest tawn)

CITY OR TOWN (If autside carporate limits, write

o. COUNTY

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puo physicion ottending pleose 0 the þ mi. gned per been si buriol-tronsit physicion hos ottending ertificote SO by the hospit detoched fo DIRECTOR: AL

Balto. Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 719 E. List St. House in the Pines-Fusting Ave. NAME OF First Middle 4. DATE Last Month DECEASED KTPP Mar. (Type ar print) CHARLES E. DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last, birthday) Manths DIVORCED [ Feb. 21. WIDOWED TO whi te male yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) Construction Md. Rtd. Operating Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary E. Elisa J. Ki.pp 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address Mr. Herman Graf. Jr.-4610 Cedar Garden Rd. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, affice bldg., etc.) a. m While Nat while p. m at work at wark 24-1960 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1960, and that death accurred at 1960 from the causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR -M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar county) REMOVAL (Specify) Buria Swartz 24. FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR MAR 2 8 '60 DATE withing & House

e. IS RESIDENCE ON A FARM?

YES NO

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19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

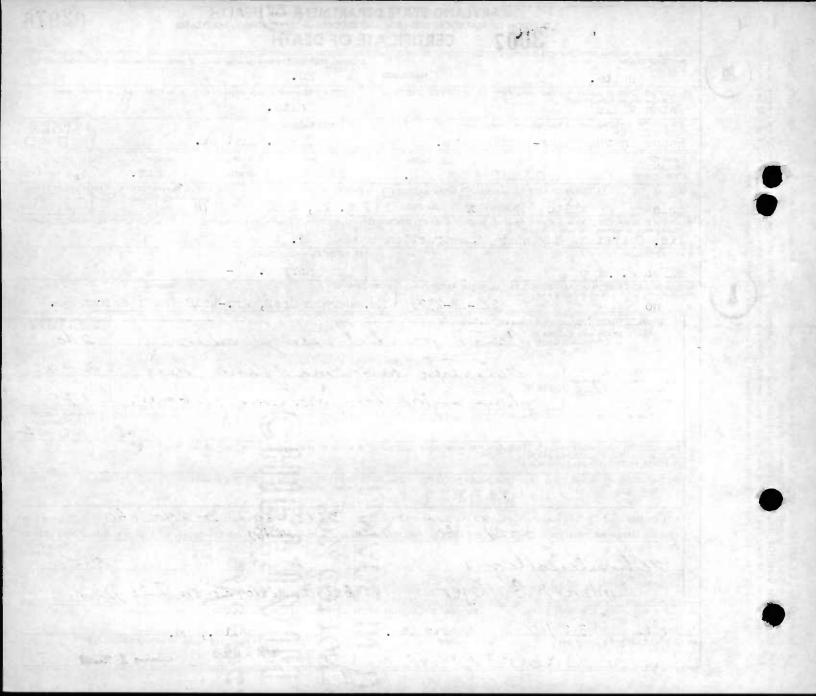
YES NO A

22b. DATE SIGNED

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retained by the haspile attending physician.

No. RAL DIRECTOR: After in grettificate has been signed by the ottending physician and camp page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 pauce of

TO FU VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH 3 DUS CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE b. COUNTY
BALTIMORE MARYLAND	MARYLAND BALTIMORE
b. CITY OR TOVIN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Towson	33 Jowson
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SIG VALLEY VIEW ROAD	5 19 VALLEY VIEW ROAD ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) REXFORD LIONEL	KNAUB 4. DATE Month Day Year DEATH MARCH 10 1960
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years lost birthdoy)  1-29-1896  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Months   Days   Months   Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  SUPERVISOR  WESTERNELECT	1 ( ) ( )
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CLAY C. MOAUIS	TLLEN OFKINKLE
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unknown)  (If yes, give wor or doles of service)  13. 01-5077	ARS LILLIAN KNAUB-519 VALLEY VIEW RD.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Demorrhage Sudden
1442 X DUE TO 19 - 1	7 / 0
Conditions, if ony, which) (b) An Sulle	esent Draw Kongs
gove rise to immediate couse (o), stating the under-	
lying couse lost.	agilar Aleene 3mps
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YERFORMED?
	D. (Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
10 White Titol white	ctory, street, office bldg., etc.)
	an an ol Marker to
21. I certify that (1) (this hospital) attended the deceased fram.	
saw the deceased alive an Military 10, 1960, and that a	
10. MINANTE LOS TADOS A COLO	ATTENDING MED. STAFF SIGNAGE ATTENDING DIRECTOR PHYS. 31116
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 3/11/60
CHARTES F. O'DONNELL	7501 YORK ROAD-TOWSON-MARYLA
230 OURIAL CREMATION, 23b. DATE THEREOF 3. NAME OF CEMETERY CONTROL (Specify) 3-14-60 WORKLAND	OR CREMATORY 23 LLOCATION (City, town, or county) (State) RMORIAL PARK BALTIMORE COUNTY, MARYLAN
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HENDY W. VENIGHIS & LOUS LO 4905 YOU	RK CD DATE MAR 1 4 '60 Chilling S. Knows

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3000

#### CERTIFICATE OF DEATH

	00	03	CERTIF	CAI	E OF DE	AII	50.00		Reg. Di	st. No.	
1, PLACE OF DEATH o. COUNTY	altimore		MARYLA			ary1		lived. If instituti b. COUNTY		ce before o	
b. CITY OR TOWN RURAL and give to	(If outside corporate limit regrest town) FOREST	ls, write	c. LENGTH OF STAY IN 50 Yrs.	116			Fore	ote limits, write R	RURAL ond	give neorest	town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, g			1	d. STREET ADD		juois	Rd.			RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)		ura	Middle		Ko1		4. DATE OF DEATH	March		22°,	Yeor 60
5. sex Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED  DIVORCED	0 8. c	ATE OF BIRTH	, 18		P. AGE (In years last-birthday) yrs.	IF UNDER Months	-	JNDER 24 HRS
10a. USUAL OCCUPATI during most of wo	ON (Give kind of work rking life, even if relired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	111111111111111111111111111111111111111	E (Stote o		untry)		S.A	HAT COUNTR
13. FATHER'S NAME	Theodore .	Arri	ngdale	1	4. MOTHER'S M			rrittee	)		
16. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	rmant raine	Ray	7707	Iroque		Rd. 1	9, Md.
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G (IF EITHER, NOTIF	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER		CRIBE HOW INJURY OCC								ERFORMED? S NO
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy. Yes	While	NJURY OCCURRED 20 Not white k of work	De. PLACE foctory	OF INJURY (Ho , street, office b	me, form, ldg., etc.)	20f. (City	or town)	(0	County)	(Stote)
21. I certify to alive an	nat I attended the narch (3)  for V.  John V. (		Leo, and that &	M.D			M, fram	the causes of cet, city or town,	and an th	he date s	
BREMOVAL ISpecify	1,442		22c. NAME OF CEMETE	ry or cornel	EMATORY			on (city, town, nne 11 S		Md.	(State)
John J.		Wis	ADDRESS e Ave. 22	, Md			BY REGISTR		STRAR'S SIG	4.4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 in by the funeral director, and 2 shauld be filed with attending physician. riting the attending physician and camply riticate has been signed by the attending physician papers as the burial-transit permit. Then please remave carban papersion, ar remaval, and in any event within 72 haurs after death. At DIRECTOR: After to shauld be detached for a TO FU VS A15 (4) 15M 10/57

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moy stained by the haspital stending physician. **5 FUN AL DIRECTOR:** After the editional period of the attending physicion and cample page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremotion, or removal, and in any event within 72 hayserafter death.

TO HOSPITAL OR ATTENDING PHY TO FUN VS A1S (4) 1SM 9/SB MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3010 **CERTIFICATE OF DEATH** 

02979 Reg. Dist. No.

	STATE REPORTS				· - T								
1. PL a.	COUNTY	Baltimor	e	MARYLA	ND	a. STATE	yland	ere deceased	b. COUNT		nce befo	ore admiss	ian)
b.	CITY OR TOWN ( RURAL and give in Garri	If autside carporate limi earest tawn) SON	ts, write	c. LENGTH OF STAY IN	1Ъ		OWN (If at		rate limits, write	RURAL and	give ne	arest tawn	)
d.	OR INSTITUTION	TAL (If not in hospital, g				d. STREET A		nua Ci	rcle				IDENCE FARM? NO
DE	AME OF ECEASED ype ar print)	AILTON KO	LKER	Middle		Last		4. DATE OF DEATH	3/30/		Do		Year 19
S. SE	x fale	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED	_	DATE OF BIRTH			9. AGE (In years last birthday) 52 yrs	IF UNDER	Days	IF UNDE Haurs	R 24 HRS. Min.
10a.	USUAL OCCUPATION	ON (Give kind af wark of king life, even if retired)	dane 10b.	Retail	INDÚST		lmore.	Md.			IZEN O	F WHAT C	OUNTRY?
		Morris Kol	ker			A	nna ?						
IS. W	AS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	IN	FORMANT			Ad	iress			
					Re	uben Kol	lker -	28	09 Chest	rolde	Rd.		
CATION		the <u>under-</u> DUE TO  (c)	DITIONS C	Pulmonary me arcinomatos	is,	origins	THE TERMIN	NAL DISEASI	E CONDITION GI	VEN IN PAI	RT 1(a)	PERFO	AUTOPSY RMED? NO 📆
CER	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCC	URRED.	(Enter nature at	injury in P	art I ar Pari	t II at item 18.)				
MEDICAL	0c. TIME OF INJUI Haur a.m. p.m.	RY Manth, Day, Yea	While	Nat while at wark		CE OF INJURY () ary, street, affice			ar town)		(Caunty)		(State)
AS	ACTUAL SIGNATURE	not I offended the /27/60  AVID L. FIL	19_	ond that d	eath	occurred at	3:30P.	M, from	the couses o reet, city ar tawn ace; Bal	nd on th , state)	e dote	stoted DAT	obove E SIGNED
1	REMOVAL (Specify)	ON, 22b. DATE THEREO	F	22c. NAME OF CEMETE		CREMATORY			inore, M		7,4	(State	e)
23. FL	urial UNERAL DIRECTOR Levinso		nc. 6	ADDRESS Olo Reist. 1		#15	24a. REC'D	BY REGIST	RAR 24b. REG	ISTRAR'S SI			

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OR INSTITUTION  ON INSTITUTION  INSTITUTION  ON INSTITUTION  O		LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	orporote limits, write RURAL and (	give nearest town)
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DECASED PICE   SECURITY   SECURITY NO.   SECURITY N		).	300 POPI	AR KU	YES NO
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3. FATHER'S NAME GORGE  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.  INFORMANT  18. CAUSE OF DEATH [Enter only one couse per line for (c), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  CONDITION ON, which gove rise to immediate couse (c), stoling the under-lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c)  PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c)  PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c)  PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c)  PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c)  PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (c)  PART III. CHEMETON CONTRIBUTION CONTRIBUTING TO COURSED  WHICH THE THE NOTION CONT	during most of working life, even if relired)	ND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign	gn country) 12. CITI	ZEN OF WHAT COUNTRY?
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Tex. no, or unknown    [If yes, give wor or dotes of service	WILLIAM BRIDE	PASWICZ	ANNA D	POUGLAS	
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoing the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO  On. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE VINDER OF CONTRIBUTING CAUSE VINDER OF CONTRIBUTING CAUSE VINDER OF WHILE OF INJURY MEDICAL EXAMINER  20c. TIME OF INJURY MEDICAL EXAMINER HOUR o. m. p. m. 19 ON MILE OF While OF Work O	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)			11 - 1 /	ME AS ABO
DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost.  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO  20a. ACCIDENT WAS UNDERLYING OADSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)  20a. TIME OF INJURY Month, Doy, Year Hour o. m. D. m. 19 of While Oath of Oa	1B. CAUSE OF DEATH [Enter only one cause per line	for (o), (b), and (c).]			INTERVAL BETWEEN
Conditions, if ony, which gove rise to immediate couse (b), stoting the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING DEATH HOUR OF CONTRIBUTING CAUSE OF DEATH HOUR OF CONTRIBUTING CAUSE OF DEATH HOUR OF MAINING While of work of	PART I. DEATH WAS CAUSED BY:	rebral her	ionlage		ONSET AND DEATH
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COUSE (a), stoting the under- ying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO NO NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work   21. I certify that I attended the deceased fram. 9 20d. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) of work of work of work of work.  21. I certify that I attended the deceased fram. 9 20d. NO NOT While of work of work of work.  21. I certify that I attended the deceased fram. 9 20d. NO NOT While of work of work.  22. I certify that I attended the deceased fram. 9 20d. NO NOT While of work of work.  23. 30 40d.  24. 40 40d.  25. DATE THEREOF 25. NAME OF CEMETERY OR CREMATORY 20d. ICIty town, or county) (Stote) BALTO. MD.	IDI.	report and	gewin win	40 selevoces	Hurry Hea
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO EXCEPTION OF THE PROPERTY O					
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work  street, office bldg., etc.)  21. I certify that I attended the deceased fram. 9 — 244, 19.53, to 3 — 249, 1960, that I last saw the deceased alive on 1960, and that death accurred at 7 4 AM, fram the causes and an the date stated abave.  ACTUAL Eugene C. Baumam, His Eastery Aoc. 3/30/6  PHYSICIAN'S Ewfehr C. Baumanh Euce 21, Md.  PHYSICIAN'S Ewfehr C. Baumanh Euce 21, Md.  22d. LOCATION (City, town, or county) (Stote) BURIAL (Specify) H-2-60 HOLY REDEEMER BALTO. MD.	, (c)				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work  street, office bldg., etc.)  21. I certify that I attended the deceased fram. 9 — 244, 19.53, to 3 — 249, 1960, that I last saw the deceased alive on 1960, and that death accurred at 7 4 AM, fram the causes and an the date stated abave.  ACTUAL Eugene C. Baumam, His Eastery Aoc. 3/30/6  PHYSICIAN'S Ewfehr C. Baumanh Euce 21, Md.  PHYSICIAN'S Ewfehr C. Baumanh Euce 21, Md.  22d. LOCATION (City, town, or county) (Stote) BURIAL (Specify) H-2-60 HOLY REDEEMER BALTO. MD.	Caucer of the Pau V	ruth e glau		EASE CONDITION GIVEN IN PART	PERFORMED?
21. I certify that I attended the deceased fram. 9 - 20, 19.53, tp. 3 - 29, 1960, that I last saw the deceased alive on 3 28, 19.60, and that death accurred at 7 20 MM, fram the causes and an the date stated above.  ACTUAL Euglie C. Baumam, H.B. Eastern Aoc. 3/30/6  PHYSICIAN'S Euglie C. Baumanh Eucr 21, Md.	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or	Port II of item 1B.)	
21. I certify that I attended the deceased fram. 9 - 20, 19.53, tp. 3 - 29, 1960, that I last saw the deceased alive on 3 28, 19.60, and that death accurred at 7 20 MM, fram the causes and an the date stated above.  ACTUAL Euglie C. Baumam, H.B. Eastern Aoc. 3/30/6  PHYSICIAN'S Euglie C. Baumanh Eucr 21, Md.	Hour o.m. While	_ Not while foo	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	(City or town) (C	County) (State)
alive on		0 1	W 10 15 3-	29	
ACTUAL EUGLUE C. Baumann. 413 Easteun Aoc. 3/30/E  PHYSICIAN'S Ewfene C. Baumanh Euc 21, Md.  PHYSICIAN'S Ewfene C. Baumanh Euc 21, Md.  PAGE SIGNED  20. BURIAL CREMATION, PEDEEMER BALTO. MD.	7 120 /.	£	7/5		
ACTUAL SIGNATURE EUGLUE C. DAMM OUN M.D. 413 EASTEVE 401. 3/30/8  PHYSICIAN'S EWPChe C. Baumanh Euc 21, Md.  PAGE BURIAL, CREMATION, PEDEEMER BALTO. MD.  (Stote)  PURIAL SIGNATURE EUGLUE C. DAME OF CEMETERY OR CREMATORY  BURIAL SPECIFY & BALTO. MD.	Conversion of the state of the	, and mai deam			DATE SIGNED
PHYSICIAN'S EWPENE C. Baumanh Euc 21, Md.  20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) 4-2-60 HOLY REDEEMER BALTO. MD.		un aun	4 13 Easte	icu Aoe.	3/30/8
BURIAL 4-2-60 HOLY REDEEMER BALTO. MD.	PHYSICIAN'S FORDA D. C. 3	Baumai	ny Essex 21	, md	
BURIAL 4-2-60 HOLY REDEEMER BALTO, MD.		22c. NAME OF CEMETERY O	R CREMATORY 22d. LC	OCATION (City, fown, or county)	(Stote)
3 FINERAL DIPECTOR'S CIGNATURE	BURIAL 4-2-60	HOLY RE	DEEMER B.	ALTO.	MD.
John J. Connelly 418 Gastern Blod, DATE WAR 21'60 arily S. Kuns	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A STEER	Bland 240. REC'D BY RE	2 1 100	- 1-

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in by the funeral director, and 2 should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

D F RAL DIRECTOR: After certificate has been signed by the attending physician and camp page should be detached for see as the burial-transit permit. Then please remaye carbon paper the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs after death.

RAL DIRECTOR: After

TO F

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2898 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

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Reg. Dist. No.

1	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived	b. COUNTY Ball	ence befare odmission) V
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. city or town (if 53 Dund		mits, write RURAL and	d give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION 43 Marshall		d. STREET ADDRESS	shall Rd	•	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF First DECEASED (Type or print) Charles	Middle V • •	lost Lake	4. DATE OF DEATH	Manth March	Poy Year 4, 19 60
5	SEX 6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH April 17,	1872 8	E (In years IF UNDE Manths yrs.	R 1 YEAR IF UNDER 24 HRS.  Days Hours Min,
7	Od. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	Farmer	Virgini		12. C	U.S.A.
1	3. FATHER'S NAME James Lake		14. MOTHER'S MAIDEN Unit	name		
1.	Yes on as unknown) . Uf in a data of int		INFORMANT ssell Lake	1843 Ma	rshall R	d. 22, Md.
	18. CAUSE OF DEATH [Enter only one cause pet PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under-	ne far (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH STATES
) NOLLY	lying cause last. (c)	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THEFTERN	MINAL DISEASE CON	IDITION GIVEN IN PA	# PERFORMED?
CEDITE OF THE		SCRIBE HOWINJURY OCCURRE	D. (Exter nature of injury in	Part I ar Part II af	item 18.)	
MEDICAL	G 20c. TIME OF INJURY Month, Day, Year 20d. Haur a.m. 19 While p.m. 19		ACE OF INTURY (Home farricity, street, affice bldg., etc.	m, 20f. (City ar tax	wn)	(County) (State)
	21. I certify that I attended the decea alive an Man 19.	/	7, 1960, ta /	AM, from the		last saw the deceased the date stated abave.
	ACTUAL SIGNATURE BOOK	irs		Mom		DATE SIGNED
	PHYSICIAN'S Melvin B. Da	vis, M.D.	Dunda	UZ-27)	me	3/4/60.
2	PREMOVAL (Specify) 3-7-1960	20c. NAME OF CEMETERY OF RIVERVIEW		Strasbu	City, tawn, ar caunty)	(State)
_	B. FUNERAL DIRECTOR'S SIGNATURE John J. Duda 7922 Wis	ADDRESS Ave. 22, 1		D BY REGISTRAR	24b. REGISTRAR'S S	IGNATURE

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
3013	CERTIFICATE OF DEATH	D.

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4	1		119	CERTIFIC	-AI	E OF DEA	In		Reg. D	ist. No		
A	1. PLACE OF DEATH R	osewood Sta	ate Ti	raining School	2.	USUAL RESIDENCE	(Where decease			nce befo	re odmiss	ion)
	) o. COUNTY Ba.	ltimore		MARYLANI		o. STATE Mar	vland	b. COUNTY	В	alti	more	
	b. CITY OR TOWN (I	If autside corporate limi	ts, write	c. LENGTH OF STAY IN 1	5	c. CITY OR TOWN	(If outside corpo	prote limits, write R	RURAL and	give ne	arest town	1)
	Owings Hil	egrest town) .ls, Marylar	nd	2 years	4, Mar	yland						
2	d. NAME OF HOSPIT	FAL (If nat in hospital, g	jive street o	oddress)	1	d. STREET ADDRESS	S				e. IS RES	IDENCE FARM?
4	Rosewood St	ate Trainin	ng Scl	hool	<u> </u>	548 Brook Road						NO 🖾
	3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mar	nth	Do	-/	Year
	(Type or print)	Hai	- 0	Leroy		Lampe	DEATH	3		4		19 60
	S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	3 B. D	ATE OF BIRTH		9. AGE (In years last birthday)			IF UNDE	
	Male	White	WIDOWE	D DIVORCED	1	0/26/12		47 угз.	Months	Doys	Hours	Min.
	10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (St	tate or foreign c	ountry)	12. CI	TIZEN OF	WHATC	OUNTRY?
		=	'			Marylan	d			U.	S.A.	
1	13. FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME					
	John Henry	Lampe, Sr.	0	deceased		Anna Kat	herine	Baer - de	eceas	ed		
	1S. WAS DECEASED EVE		CES? 16. S		INFO	RMANT		Add	ress			
	no	the last the man on or other on a	er vice,		Ros	ewood Rec	ords					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]										ERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Bilateral Pneumonia									ON	SET AND	DEATH
	526	DUE TO	/	Trap had								V
	Conditions, if ony, which ) (b) Chronic emphysemia and fibrosis									3.	/3/58	3 (?)
	gove rise to immediate											
	cause (a), stating the under-   lying cause last.   (c) Bronchiectasis, chronic   2/									/2/58	3 (?)	
	Z PART II. OTH			ONTRIBUTING TO DEATH E			RMINAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
)	PART II. OTH	ephaly with	ment	cal deficienc	y -	birth					YES [	RMED?
	20g. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY OCCUP	RED. (E	nter nature of injury	in Part I or Por	t II of item 18.)				
		CAUSE OF DEATH										
	20c. TIME OF INJUR	Y Manth, Doy, Ye			PLACE	OF INJURY (Home, f	farm, 20f. (City	or town)		(County)	1 10	(Stote)
	20c. TIME OF INJUR Hour a. m. p. m.	19	While at work	Not while at work	roctory	, street, office bldg.,	etc.)					
	21. I certify th	at I attended the	decease	ed from 3/3/58		, 19, to	3/4/60	19	that I I	ast say	u the d	ecented
	alive an_3/			, and that dec	th ac	curred of7:30	a M from	the causes on	d an th	a data	s states	dahaya
			0	· / -/	_	corred dializa		treet, city or town,		ie dale		E SIGNED
	ACTUAL SIGNATURE	Vive K	ul	Marris V	ZNA						3/4/	60
	PHYSICIAN'S								-			
	NAME (Type)	live Reid l		s, M.D.		Rosew	cod Tra	ining Sch	1001.			
	220. BURIAL, CREMATIO REMOVAL (Specify)		OF 210	22c. NAME OF CEMETERY	OR CE		22d. LOCA	TION (City, town,	or county)		(Stot	e)
	BURIAL	MAK. 8,19	60	LOUDEN PAI	K	CEMETER	Y DAL	IIMOKE,		MD	6	
	23. AUNERAG DIRECTOR	S SIGNATURE (	18	ADDRESS	4-70	24a. R	EC'D BY REGIST		Istrar's s	- 1 -	RE	
	LOUN K	unio C	RUYUR	Jean.	00	DATE	MAR 9	00	MANNEY "	a. /100	JANA.	

Then please remave corban pope

within 72 haurs ofter death

certificate has been signed by the attending physicion and com

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

3 should be detached far use RAL DIRECTOR: After

10 P

VS A1S (4) 1SM 9/S8

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3014

CERTIFICATE OF DEATH

17107				Reg. Dist.	No.
1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (	Where deceased lived, If inst b. COUI	itution: Residence b	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Catons ville	c. LENGTH OF STAY IN 16	Baltimor	f autside carporate limits, wri	te RURAL and give	
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Pines, 16 Fus		d. STREET ADDRESS	ilton St		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Clinton W	yatt Landon	Last	4. DATE OF M & T	ch 1/60	Day Year
White	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  July 19	9. AGE (In ye last birthdo	y) Manths Da	EAR IF UNDER 24 HRS. ys Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)  Chauffeur  Ba		CO. Virg		12.CITIZED	SA COUNTRY?
13. FATHER'S NAME Ed. L. Landon		Mary Swal			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	S. SOCIAL SECURITY NO.	informant	Landon, 135	S. Hilt	on St
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c)	line for (a), (b), and (c).]	· heart	failure		NTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which (b)	arterisale	rotin Car	Lovascul	ar	signs
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>			cheeo.	e	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE CONDITION	GIVEN IN PART 1(	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Part I ar Part II af item 18.	)	
Haur a.m. Whil	6.	ACE OF INJURY (Hame, fa actory, street, office bldg., e		(Cau	nty) (State)
21. I certify that I attended the deced	. //	1960, to accurred of 5A	_M, from the couses ADDRESS (Street, city or to	ond on the d	sow the deceased ote stated obove.  DATE SIGNED
PHYSICIAN'S James E. Rowe M.	.D.	M.D	deriok Rd. #2	8_ Ma	3/1/40
220. BURIAL, CREMATION, REMOVAL (Specify)  Burial  22b. DATE THEREOF  3/4/60	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, too	wn, or caunty)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ondson Ave.	24g. RE	C'D BY REGISTRAR 24b. R	EGISTRAR'S SIGN	

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Pa. L. Tisandon

house in Himos, it wasting ave a watth it. William Ht

Eltake 1.T. 4101 Educadnow Ave.

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VS A1s (4) 1SM 9/SB

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3015

**CERTIFICATE OF DEATH** 

					Keg. Dist. No	).
1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	a. STATE	here deceosed lived. If ins yland b. COU		
RURAL ond give n	If autside corporate limits, write earest tawn)	c. LENGTH OF STAY IN 16	1 .	autside carporate limits, wr herville	ite RURAL and give ne	arest town)
d. NAME OF HOSPI OR INSTITUTION	(AL (If not in hospital, give street)  224 Spring 1	oddress) Avenue	d. STREET ADDRESS  224 Spr	ino Avenue		e. IS RESIDENCE ON A FARM? YES NO IN-
3. NAME OF DECEASED (Type or print)	Mr. Walter	Middle	Leach	4. DATE OF DEATH	Manth Di arch 17th	y Year 19 60
s. sex male	1	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Oct. 22, 18	9. AGE (In yolds) last bight	ears IF UNDER 1 YEAR oy) Months Days yrs.	IF UNDER 24 HRS. Haurs Min.
10a. USUAL OCCUPATION during most of work  Lette  13. FATHER'S NAME	ON (Give kind af work dane 10b king life, even if retired)	ete's Cycle	01.	or fareign country) re, Maryla	1 1	F WHAT COUNTRY?
Benjan	in Leach		?	NAME		
	R IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	14	informant rs. Samuel	Dawson, 22	Address Luth 4 Spring	rerville Ave.
PART I. DEA 5 23. Conditions, if a gave rise to i cause (a), stoting lying cause last.	mmediate (	Premiocognio Pilicone de	balation.	plug sema	ON G	
САТІС		SCRIBE HOW INJURY OCCURRI				PERFORMED? YES NO 13
(IF EITHER, NOTIFY	MEDICAL EXAMINER)  Y Manth, Doy, Year 20d. While	E.	LACE OF INJURY (Hame, farm actory, street, affice bldg., etc	n, 20f. (City ar tawn)	(Caunty)	(State)
actual SIGNATURE	at I attended the decea 3-17, 19 Raul & MUE	60, and that death	, 19.56, to 3 h accurred at 5.154 M.D. G.411			
22a. BURIAL, CREMATIC PEMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	/ / /	22d. LOCATION (City, to Texas,	wn, ar county) Maryland	(Stote)
23. FUNERAL DIRECTOR Leonard	0 0 1	Harford Road	1	D BY REGISTRAR 24b. I	REGISTRAR'S SIGNATU	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/SS 3017 CERTIFICATE OF DEATH

2001	•						R	leg. Dist. N	lo,	
o. COUNTY	Leyd	MARYLAND	2. U	SUAL RESIDENCE STATE Maryla			. If institutions b. COUNTY	Residence be	fore odmi	ssion)
b. CITY OR TOWN (If outside carporate limit RURAL and give nearest 1990) WSON	ts, write	c. LENGTH OF STAY IN 16	11 -	CITY OR TOWN  5 Towson		rporote lis	nits, write RUR	AL and give i	nearest fov	vn)
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION 8018 Ridge	ly Oa	k Road	1	8018 R		Oak	Road		ON	SIDENCE A FARM? NO
	ward	Middle E		losi Leydig	4. DATI		Month Marc		Doy 28	Yeor 19 60
5. SEX Male 6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED DIVORCED	B. DAT	1. 25,18	77	9. AG		Aonths Day		-
100. USUAL OCCUPATION (Give kind of work of during most of )working life eyen if refired)	done 10b. Ki	IND OF BUSINESS OR INDE Farming	JSTRY		nsylva		tra ul=		OF WHA	T COUNTRY
3. FATHER'S NAME Benjamin	Leyd	ig	14.	MOTHER'S MAID		N	ic Vicke	rs		
5. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no. or unknown) (If yes, give wor or dates of se	wwice) -			MANT 1 Leydig	, 8018	Rid	Address lgely 0		ad, To	owson
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.		Bever	Q	zel	arte		· Dens	is	20	go
PART II. OTHER SIGNIFICANT CONT	DITIONS CO	NTRIBUTING TO DEATH BU	TNOTE	RELATED TO THE T	ERMINAL DISE	ASE CON	DITION GIVEN	IN PART 1(a)		ORMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCURR	ED. (Ent	er nature of injur	y in Port I or F	Part II of i	tem 18.)			1
20c. TIME OF INJURY Month, Day, Yea Hour o. m. p. m.	While at work	_ Not while _ fo	LACE O	F INJURY (Home, treet, office bldg.	farm, 20f. (C	ity or tov	vn)	(Count	у)	(State)
21. I certify that I attended the alive on	deceased , 19 (e	of fram 3-200 on and that death on Purify Republic Property of the Purify Republic Property	h accu	840					late stat	
220. BURIAL, CREMATION, 226. DATE THEREO REMOVARE 3-28-60	F	2c. NAME OF CEMETERY C		MATORY tery	1 1 1		City, town, or o	7	(Sto	ite)
3. FUNERAL DIRECTOR'S SIGNATURE William Cook, Inc., 1	217 S	ADDRESS t.Paul Stree	et		MAR 3 0	ISTRAR	24b. REGISTR			

in by the funeral director, and 2 should be filted with

page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 have after death. Then please remove corban papers. RAL DIRECTOR: After Certificate hos been signed by the attending physician and compashould be detached for use as the burial-tronsit permit. Then please remove corban paper

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 attending physician. retained by the haspi-

10 VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY 3 V 0 1 - 4
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Fort Howard 35 Days	5701 Winner Avenue, Baltimore, Maryland
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Veterans Administration Hospital	d. STREET ADDRESS  e. IS RESIDENC ON A FARM
Veterans Administration Hospital	5701 Winner Avenue
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) RICHARD E.	LICHTENBERG DEATH March 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 Hours   Months   Days   Hours   Min
Male White WIDOWED DIVORCED	January 16,1898 62 yrs. Months Days Hours Mir
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT
Meter - Wireman Gas & Electric	Co. Baltimore, Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles F. Lichtenberg	Mary Felger
	NFORMANT Address
Yes, no, or unknown) (If yes, give wor or dates of service) 212-05-6022 C1	inical Records, VAH, Balto. 18, Md. Ft. Howard Di
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: DECEMBER AMONG TATE T	TRE.
	EMPHYSEMA AND SHOCK
00.7.7	. But it bein and broom
Conditions, if ony, which gove rise to immediate (b)	
couse (o), stating the under-	
lying cause lost. (c)	
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  3. IIIal Loop Bladder Diversion & biology OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE FERMINA DE MODITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED? SEY, 11VET -2/25/00
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Sto
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while of work at work at work	octory, street, office bldg., etc.)
	January 29, 1960, to March 1, 1960, that 1/ (we) le
21. I certify that (1) (this haspital) attended the deceased from saw the deceased olive an March 1, 1960, and that	death occurred at 5:35.4 from the causes and an the date stated about
226 SIGNATURE	death occurred discourse and the dote stated above
Clinday & Cranga los ML	A.D. ATTENDING MED. STAFF PHYS. D DIRECTOR PHYS. 12  3/1/6
22c. PHYSICIAN'S	22d. ADDRESS
CARTBAD E. GONZALEZ, M.D.	VAH, BALTIMORE 18, MD. FORT HOWARD DIVISI
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
Burial 3/8/60 Baltimore N	ational Cem. Baltimore, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
m. Tickner & Sons, Inc. North and Penna.	Avenues. DAMAR 7 '60 Crima S. Trans

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	1
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CERTIFICATE OF DEATH

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0013 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Sparrows Point vears Sparrows Point d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 617 E Street Street YES NO DO NAME OF Middle 4. DATE Month Day Year DECEASED OF DEATH ELIZABETH ANN March 24th. T. TNDEMANN (Type or print) 19 60 9. AGE (In years last birthday)
72 yrs. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours Dec.15.1887 female white WIDOWED [ DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Nursing Baltimore . Maryland Midwife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles F. Hutson Caroline Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no 213-07-6798A same as #2 Benjamin Lindemann 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (c) -activities DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) 0. 11. Not while at work at wark merial 1960 that ) last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 7:29AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL 503 Surrey Road PHYSICIAN'S James T. Means. M. D. Towson L. Marvland 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) Oak Lawn Cemetery Baltimore Co., Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Dundalk 22 DATHAR 2 8 '60 Cithur S. Kraus

CERTIFICATE OF DEATH.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3020 **CERTIFICATE OF DEATH**

							keg. Dist.	NO.	
1. PLACE OF DEATH o. COUNTY Baltomor		MARY		USUAL RESIDENCE (WI		lived. If institution b. COUNTY		before odm	issian)
b. CITY OR TOWN (If autside car		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If a		nto limite surito PII			- I muni
RURAL and give nearest town) Rural	Towson	C. LENGTH OF STAT	)	Rura		Towson		e negresi id	wnj
d. NAME OF HOSPITAL (If not in OR INSTITUTION	haspital, give stree		1	d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?
Gl	enarm Roa	.d		Gle	narm R	oad		YES	NO 🗆
3. NAME OF DECEASED (Type or print)	First Sister M	Middle Larv Lourdes	Lind	lost	4. DATE OF DEATH	March		Day	Year 19 60
5. SEX 6. COLOR		RIED NEVER MARRIE		ATE OF BIRTH	1	P. AGE (In years	IF UNDER 1	YEAR IF UN	
Female Whi	te widov	VED DIVORCE		Feb. 3,187		last birthday) 88 yrs.	Months D	ays Hour	s Min.
10a. USUAL OCCUPATION (Give kir during most of working life, eve	d of work done 10t	. KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (State	ar fareign ca	untry)	12. CITIZ	EN OF WH	AT COUNTRY
Housework		RELIGIOUS		Phila	delphia	a, Pa.	U	.S.A.	
13. FATHER'S NAME				. MOTHER'S MAIDEN I	NAME				
Henry Lind		GF7 1: 60		Carolina	Smith		10	16-1	
15. WAS DECEASED EVER IN U. S. A (Yes. no. or unknown)   (II yes, give wo	RMED FORCES? 16	SOCIAL SECURITY NO.	. 17. INFO	RMANT		Addre	958		
			Si	ster H. Pet	er Four	rier l	Totch	Cliff	, 11d.
1B. CAUSE OF DEATH [Enter	only one couse per	line far (a), (b), and (c).						INTERVAL	
PART I. DEATH WAS CA	USED BY:	Cancer of	lung	3				ONSET AN	ID DEATH
163×	DUE TO	7/							
Conditions, if any, which									
gave rise to immediate	(b)								
lying cause last.	(c)								
_		CONTRIBUTING TO DEA	ATH BUT NO	RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1	PER	S AUTOPSY FORMED?
20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	ING   20b. DE OF DEATH (AMINER)	SCRIBE HOW INJURY OF	CCURRED. (E	nter nature of injury in	Part I or Part	II af item 1B.)			
20c. TIME OF INJURY Month, Hour a. m. p. m.	While	INJURY OCCURRED  B Not while	20e. PLACE foctory	OF INJURY (Hame, form, street, affice bldg., etc	n, 20f. (City	or town)	(Co	unty)	(State)
p. m.		ork at work							
21. I certify that I atter	ded the decea	sed from Nay		, 1956 , ta 11	arch	, 1960	that I la	st saw th	e decease
glive on March 1	. 19	60 and that	death ac	curred at 9.25					
11. 11	0		1			eet, city or town, s			DATE SIGNE
ACTUAL SIGNATURE	MEST	(GK)Our	eleho.	7501 Yo	rk Road	l Towsor	4, M	d. 3/	/3/60
PHYSICIAN'S Char	les F. C'	Donnell M.D		.======================================					
220. BURIAL CREMATION, REMOVAL (Specify)	TE THEREOF	22c. NAME OF CEME	TERY OR CR	CEM.	No Tet	ON (City, town, or	ve 7	WSON	ote)
23. FUNERAL DIRECTOR'S SIGNATO	NE 1 1 901	ADDRESS I	16 5		D BY REGISTR	AR 24b. REGIS	RAR'S SIGN	IATURE	
laharles 4, 5	eller 701	BALTO		MD. DATE	MAR 8	'60 C	Irthun &	. Krous	

# CLARVIAND STATE DEPARTMENT OF HEALTH-SALIMORE, 18

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within 24 haurs after death. Page 4	y, in by the funeral director, Pages 1 and 2 shauld be filed with	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	more retained by the hospit of attending physician.  To the RAL DIRECTOR: After certificate has been signed by the attending physician and campary. Pages 3 in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with	the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.
15/	M 9/SB	

MARYLAN	ID STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
3022	CERTIFICATE OF DEATH	Re

								keg. Dist. I	NO.
1. PLACE OF I	Baltimore		MARYLA		usual residence (Who state Maryl		ed lived. If instituti b. COUNTY	on: Residence b	efore odmission)
b. CITY OR	TOWN (If outside corporate limi	ts, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If o	outside corpo	orote limits, write R	URAL ond give	nearest town)
TD 1	nd give nearest town) penix (Rural)	100.00	life	X	Phoenix	(R1	ural)		
d. NAME C OR INST				1	d. STREET ADDRESS  Jarrett	owil:	lo Dike	. 77	e. IS RESIDENCE ON A FARM? YES NO
	Jarrettsvill				Jarrett				
3. NAME OF DECEASED (Type or pri	int) Charles		middle ry Lintz		Last	4. DATE OF DEATH	Mar	3-5	1960
S. SEX	6. COLOR OR RACE	7. MARRIE	DEVER MARRIED		ATE OF BIRTH		9. AGE (In years last birthdoy)	Months Do	EAR IF UNDER 24 HR
male	e white	WIDOWED	DIVORCED	<b>5</b>	-1-1880		79 yrs.	Months Do	ys Hours Min.
10a. USUAL O	CCUPATION (Give kind of work of st of working life, even if retired	done 10b. K	IND OF BUSINESS OR	INDUSTRY	11, BIRTHPLACE (State	or foreign	country)		OF WHAT COUNTRY
	er-operator		farm		Marylan	ıd			U.S.A.
13. FATHER'S N		K T		1.	MOTHER'S MAIDEN	NAME		Ten Ha	
Geo	orge Lintz				Lizzie	W	altz		
15. WAS DECE	ASED EVER IN U. S. ARMED FOR		OCIAL SECURITY NO.	INFO	RMANT		Add	ress	
no	In yes, give was as acres on		one	W	ife		above		
Conditi gave ri cause (o lying ca	, (-		Cerus Nor	DE	lensa	11 <i>00</i> 2	age		years
ICATIC	IRT II. OTHER SIGNIFICANT CON							VEN IN PART 1(	PERFORMED?
U (IF EITHER	DENT WAS UNDERLYING A RIBUTING A CAUSE OF DEATH R. NOTIFY MEDICAL EXAMINER)	20b. DESCE	RIBE HOW INJURY OCC	URRED. (E	nter noture of injury in	Port I or Pa	irt II of item 18.)		
	OF INJURY Manth, Day, Ye r o.m. p.m. 19	20d. IN. While at work	Not while		OF INJURY (Home, form , street, office bldg., etc		y or town)	(Coul	nty) (Stat
21. I ce	ertify that I strended the	decease	d from		1925, 10/2	RNI	19/2	that I last	saw the decease
ACTUAL SIGNATUI PHYSICIA NAME (T)	RE MILLED !	1960 MJ	and that d			_M, fram		nd an the d	DATE SIGNE
22o. BURIAL, (	CREMATION, 22b. DATE THEREO	)F	22c. NAME OF CEMET		REMATORY rist		ATION (City, town, Cksonvil		(Stote)
	DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'	D BY REGIS		ISTRAR'S SIGNA	ATURE
Bnook	o Punanal Ca	nut o	Town	L MA	DATE	MAR 1	1 '60	arthur &	Thouse

# STABILITY OF DEATH

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	(fagun)	Phoenix	0711	(Carrell) c	Inem!
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physician.

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ATTENDING

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DIRECTOR:

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24 haurs after death.

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executed

requires that the death certificate be

# MARYLAND STATE DEPARTMENT OF HEALTH—RAITIMORE 18

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		302	23	CERTIFIC	ATE OF DEATH	4		Reg. Dist. N	. (12993 •
1	1. PLACE OF DEATH d. COUNTY	LTIMORE		MARYLAND	2. USUAL RESIDENCE (WI	here deceased	lived. If institution b. COUNTY	n: Residence bel	fare admission)
/	RURAL and give ne	-	THE PERSON	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF			JRAL and give n	earest tawn)
	d. NAME OF HOSPITOR INSTITUTION	AL (If nat in haspital, giv		ess)	d. STREET ADDRESS BOX479 CA		1	ROAD	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First		Middle	Lost	4. DATE OF DEATH	Mant	T	Pay Year 1960
	S. SEX	6. COLOR OR RACE	MARRIED [		8. DATE OF BIRTH			Months Days	Hours Min.
-	10a. USUAL OCCUPATIOn during most of work	ing life, even if retired)	10b. KINE	OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State			12.CITIZEN	OF WHAT COUNTRY?
1	13. FATHER'S NAME	E LITTLE	and the same of th		14. MOTHER'S MAIDEN I	et a	ER.		
	1S. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FORCE If yes, give war or dates of serv	vice)	IAL SECURITY NO.	MRS IDAL	TTLE	Box 47		FSLANS BOLL ROAD
		TH [Enter anly one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	se per line fa	Coronas	r theren	los	· ·		TERVAL BETWEEN NSET AND DEATH
	Canditions, if an gave rise to in cause (a), stating t	he under- DUE TO		Coronar	y artan		letoo	7 5	5 years

CATION CERTIFI

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

p. m.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

MEDICAL 20c. TIME OF INJURY Day, Month. Year Hour a. m.

20d. INJURY OCCURRED While Nat while at wark at work

20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.)

(County) (State)

1960 that I last saw the deceased

19 21. I certify that I attended the deceased fram

(State)

YES NO

that death occurred at 1 A M, from the causes and an the date stated above.

ADDRESS (Street, city ar town, DATE SIGNED

ACTUAL SIGNATURE

REMOVAL (Specify)

PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION,

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, tawn, or caunty)

23. FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** 

24a. REC'D 8Y REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

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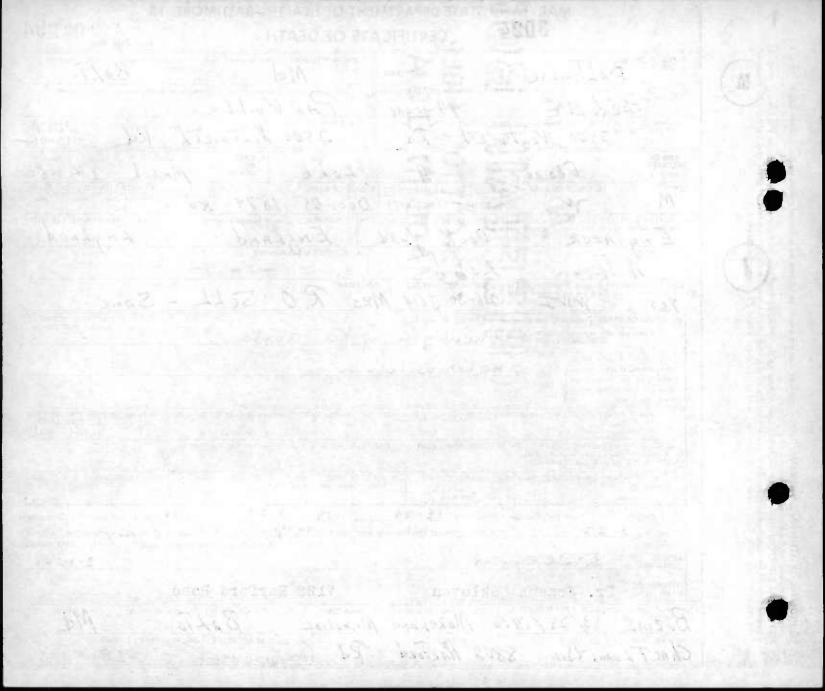


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		STATE DEPARTMENT OF HEALTH—BALTIM					
	3024	CERTIFICATE	OF DEATH	R			
DEATH	1-	2. US	UAL RESIDENCE (Where deceased lived. If instit	ution:			

1. PLACE OF DEATH a. COUNTY	LTIMORE	MARYLAI	II a STATE	NCE (Where deceased lived	d. If institution: Resi b. COUNTY	Ballo
RURAL and give neg	autside carporate limits, write rest tawn)	c. LENGTH OF STAY IN	1 V	NN (If autside carporate li	imits, write RURAL a	and give nearest tawn)
OR INSTITUTION	L (If not in hospital, give street, 500 Wentwo	- D:	d. STREET ADD	00 Went was	T/ R	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	George	Middle H	Loh6	4. DATE OF DEATH	Manth MMRc L	2 4 1960
5. SEX	210	RRIED NEVER MARRIED WED DIVORCED	10 01	- 1879 9. Ac	GE (In years of IF UNI Mantl	DER 1 YEAR IF UNDER 24 HRS. hs Days Haurs Min.
10a. USUAL OCCUPATION during mast af workin	N (Give kind af wark dane 10 ng life, even if retired)	Dock Yak	NDUSTRY 11. BIRTHPLAC	E (State or foreign country	12.	ENGLAND
13. FATHER'S NAME	Lum.	2066	14. MOTHER'S MA	AIDEN NAME	_	-
	IN U. S. ARMED FORCES? yes, give war or dates of service)	6. SOCIAL SECURITY NO. 216-30-6614	MRS R	O. Sel	L - S	AME
PART I. DEATH	H [Enter anly one cause per H WAS CAUSED BY: MMEDIATE CAUSE (a)	line far (a), (b), and (c).]	of the	avita		INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any		Interiosal.	ero sus			2.
gave rise to im- cause (a), stating th lying cause last.						
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	HETERMINAL DISEASE CON	NDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	UNDERLYING 20b. DE CAUSE OF DEATH SEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCI	JRRED. (Enter nature af in	njury in Part I ar Part II of	item 18.)	
20c. TIME OF INJURY Haur a. m. p. m.	Whi		e. PLACE OF INJURY (Har factary, street, affice bl	me, farm, 20f. (City ar tadg., etc.)	wn)	(Caunty) (State)
21. I certify tha	t I attended the deced			M, fram the		l last saw the deceased the date stated above.
ACTUAL SIGNATURE	Deen	cen	M.D	ADDRESS (51100),		7-23-60
		Skloven		2 Harford		
REMOVAL (Specify)	3/28/1960	Total to the party	Memorial	BA.	(City town, ar caun	ML
Ch AS. F. Evan	SIGNATURE 88	eda HARFord	121	ATE MAD 2 9 160	24b. REGISTRAR'S	S SIGNATURE



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02995

2911 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deconors of STATE Maryland	ceased lived. If institution b. COUNTY	on: Residence before Baltin	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Reisterstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of Reisterstown		URAL ond give ne	arest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION 105 Butler Road	oddress)	d. STREET ADDRESS 105 Butler B	load		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Nellie	Mabel L	Lost 4. DA	March 10	Ö, 1960 D	Year
5. SEX   6. COLOR OR RACE   7. MARRI Female   White   WIDOWE	D DIVORCED	B. DATE OF BIRTH October 21,1886	9. AGE (In years low birthdoy) yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)  Housewife	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or fore Maryland	ign country)	12. CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME James R. Doyle		14. MOTHER'S MAIDEN NAME Elizabeth Roc	ckwell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	None M	nformant r.Edgar H.Long, 10	5 Butler Ro		rstown, Md.
156.1 DUE TO		che liver			erval Between Set and Death 3 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT				EN IN PART 1(0)	9. WAS AUTOPSY PERFORMED? YES NO TO
	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I o	r Port II of item 1B.)	145	
Hour o. m. While		ACE OF INJURY 1Home, farm, 20f. ctory, street, office bldg., etc.)	(City or town)	(County)	(Stote)
21. I certify that I attended the decease olive on 3-9-60 , 19  ACTUAL SIGNATURE 2.2. Cape	, ond that death	occurred o2:30PM, fr	om the couses one \$\$ (Street, city or town,	d on the date	
PHYSICIAN'S D. D. Caples	, M. D.	Reisterstov	vn, Md.		
220. BURIAL, CREMATION, REMOVAL (Specify) Burial  23. FUNERAL DIRECTOR'S SIGNATURE 3. F. Eline & Sons, Reiste					

bearing " server The state of the s Bit is redefed to be a way to be a letter of the THE RESERVE 1.400 the state of the s the contract of the second of 

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3025 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

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Reg. Dist. No.

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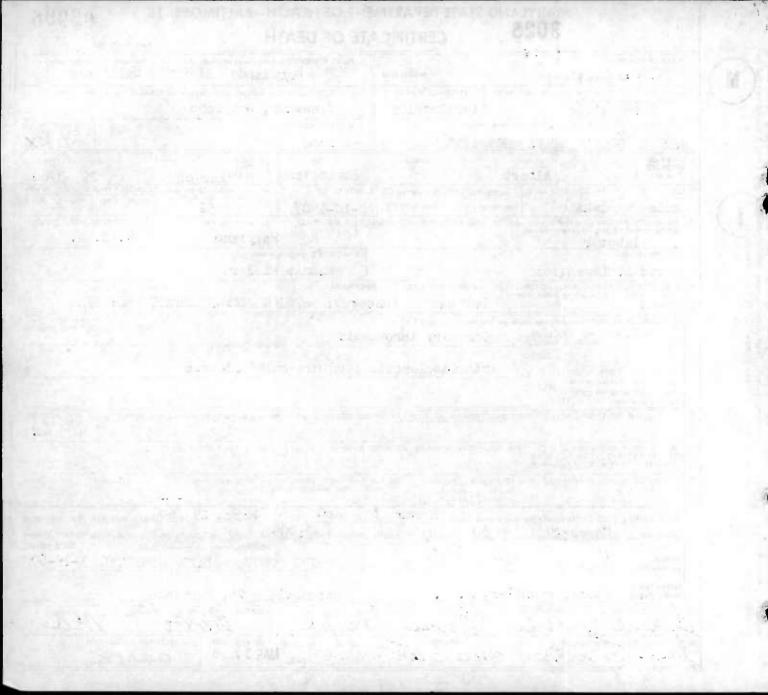
in by the funeral director, and 2 shauld be <u>filed</u> with

attending

requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL TO F VS A15 (4) 15M 9/58

	a. COUNTY	Baltimore		MARYLA		usual RESIDENCE (Who a STATE Mary		d lived. If instituti b. COUNTY		ce befor		ian)
1	b. CITY OR TOWN (IF RURAL and give ne Caton S	autside carporate limits arest tawn) VIIIe		GTH OF STAY IN		c. CITY OR TOWN (IF o			RURAL and (	give nea	irest tawn	)
4	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION SPRING GROVE STATE HOSPITAL					d. street address					e. IS RESIDENCE ON A FARM? YES NO	
3	NAME OF DECEASED (Type or print)	First Albe		Middle		Lowenstein	4. DATE OF DEATH	Mar ch	nth	Do:	,	Year 1960
1	s. sex	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED	-	DATE OF BIRTH		9. AGE (In years last birthday) 52 yrs.	Months		-	
	during mast of warking labo:	ing life, even if retired)	ane 10b. KIND O	F BUSINESS OR		1	arylar			ZEN OF		OUNTRY?
1	3. FATHER'S NAME	Lowenstein				4. MOTHER'S MAIDEN N						
	5. WAS DECEASED EVER			SECURITY NO.	_	ermant ords: SPRIN		Add OVE STAT	Iress I'E HC	SPI:	TAL	
,	Canditians, if an gave rise to in cause (a), stating t lying cause last.	he <u>under-</u> DUE TO (c).	Arter		otic	sis cardiovascu			VEN IN PAR		PERFO	AUTOPSY RMED?
	20c. TIME OF INJURY Haur a. m. p. m.  21. I certify the alive on	CAUSE OF DEATH MEDICAL EXAMINER)  Manth, Day, Yea  19  Ot I attended the Larch 29  Stella Wach  3-31-64	r 20d. INJURY C While at wark of of deceased fro , 19 60	m March	PLACE factor  7 eath a	SPRING C Catonsvil REMATORY CAEL	Marcom, from Address (sale 28 22d. LOCA	the causes are treet, city ar tawn,  STATE I  Mary Lar  TIGA (City Jawn,  TRAR 24b. REG	that I land on the state)	TAL 7	the destated	abave. E SIGNED
	Kunk Le	us Me	2100	Cute	(Cer	LORD DATE		100	Inthun S			



VS A15 (4) 15M 10/57

in by the funeral director, es I and 2 should be filed with
Pages I

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3026 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

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			CERTIFI	CAI	E OF DEATH	•		Reg. Di	st. No	١.	
1. PLACE OF DEATH				2.	USUAL RESIDENCE (WHO, STATE	iere decease		on: Resider	nce befo	ore admi	ssion)
	timore Cour	nty	MARYLAN	ID	Geor	gia	b. COUNTY				V
	If outside corporate lim		c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If o	iutside corpa	prote limits, write R	URAL ond	give ne	arest tow	en)
Towso	n		35Yrs.3Mos.2	27)a	s. Sava	nnah			49	X -	3
OR INSTITUTION	TAL (If not in hospital,				d. STREET ADDRESS	- O				ON	SIDENCE A FARM?
THE SHEPP		OCH P		ار		ton S	t.			AF2 [	
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE OF	Mon	th	Do	y	Yeor
(Type or print)	Edwa		Mills		MacLean	DEATH	Mar	-		7	19 60
5. SEX	6. COLOR OR RACE	1	RIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years lost birthdoy)	Months	Doys	Hours	DER 24 HRS.
Male	White	WIDOW	-	- NE	otember 27,	1880	. 79 yrs.				
during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stote	ar foreign c	ountry)	12. CI	TIZEN C	OF WHA	T COUNTR
Textile De	signer				Georgi			U.	S.	A.	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME					
	olm MacLear				Mary Mac	I. Mi	ills				
15. WAS DECEASED EVI	R IN U. S. ARMED FOI (If yes, give wor or dates of	RCES? 16.	SOCIAL SECURITY NO. 1	7. INFO	RMANT		Add	ress			
No			none		Hospital R	ecords	5				
18. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne for (o), (b), and (c).]	110	. 14		. 4				ETWEEN
PART I. DE	TH WAS CAUSED BY:	. Ku	lature of	1 4	es Mus	ran	dr		ON	J-E	D_DEATH
420	DUE TO	/	1	0	1.					-	
Conditions, if	ony, which )	Co	rozuma	10,	colles.	4				7-	dan
gave rise to i	mmediate (		100	-						-	nuc
lying cause lost.	rne under-	, 6-	in. Arte	n	osclesos	is					2
PART II. OT	HER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	(T 1(o)		
5 Sc	lessols	ne	wix Rea	ct	um Pa	n	/uh	0 .		YES Y	ORMED?
PART II. OT  20a. ACCIDENT W. OR CONTRIBUTING III EITHER, NOTIFY	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter nature of injury in I	Part I or Par	t II of jem 18.)				
(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
3 20c. TIME OF INJUI	RY Month, Day, Ye	ar 20d. II	NJURY OCCURRED 20e	PLACE	OF INJURY (Home, form	, 20f. (City	or town)	- 1	County)		(State)
20c. TIME OF INJUI Hour o. m. p. m.	19	While of wor	Not while	foctory	, street, office bldg., etc.	)					
			(1)	- 1	10.300 . 1/1	10001	7 30/00				1, 1111
11/	nat I attended the	deceas	/	k	, 1930, to M	Carro	- f., 1900	_,that I	last so	aw the	decease
alive on #110	A LIVE	, 195	and that de	oth ac	curred at 2:53				he da		
ACTUAL	M140	1	/				treet, city or town,	stote)		D	ATE SIGN
SIGNATURE	1. TUCK	gmi		M.D.	March	7, 19	700				
PHYSICIAN'S NAME (Type)	W. W. Elgif	M.	D.		The Shepp	ard ar	nd Enoch	Pratt	Но	spit	al
220. BURIAL, CREMATIC REMOVAL (Specify			22c. NAME OF CEMETER		EMATORY TOWSON			or county)		(Sto	te)
Removal.  23. FUNERAL DIRECTOR		960	Bonaventure	3		Savan		rgia			
1 A . A	3 SIGNATURE	0	ADDRESS		24a. REC'I	BY REGIST	00			RE	
smil. 7	charge	7 Jan	1. Britting	200	DATE	DATE OF	00	rthung .	& Fre	nard.	

Service Services

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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FOR STATE	3027 MEDICA	AL EXAMINER'S	S CERTIFICATE OF DEATH  Reg. Dist
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE Maryland b. COUNTY ba
story, prector. Programme of the control of the con	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Sparrows Point 19	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and a Chesaco Park 6

before admission Itimore ve negrest town) e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ed STREET ADDRESS YES IN NO ME 103 Choptank Dispensary NAME OF DATE Middle Lost Month Year DEATH (Type or print) March 1960 19 W illiam Mallon 5. SEX 6. COLOR OR RACE 7. MARRIED TANEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS. last birthday) Hours Min WIDOWED | DIVORCED T 10 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Manuland Steel IISA Pit recorded 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 16. SOCIAL SECURITY NO. Naomi H. Mallon 103 hoptank Ave. #6 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY Occlusion Coronary IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (o), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO TX 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 120e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) of work at work 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection Y. and in my opinion death resulted from: Natural causes XI, Accident VI, Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** M.B. Davis DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOYAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE MAR 1 0 '60 3000 E. Baltimore Street DATE

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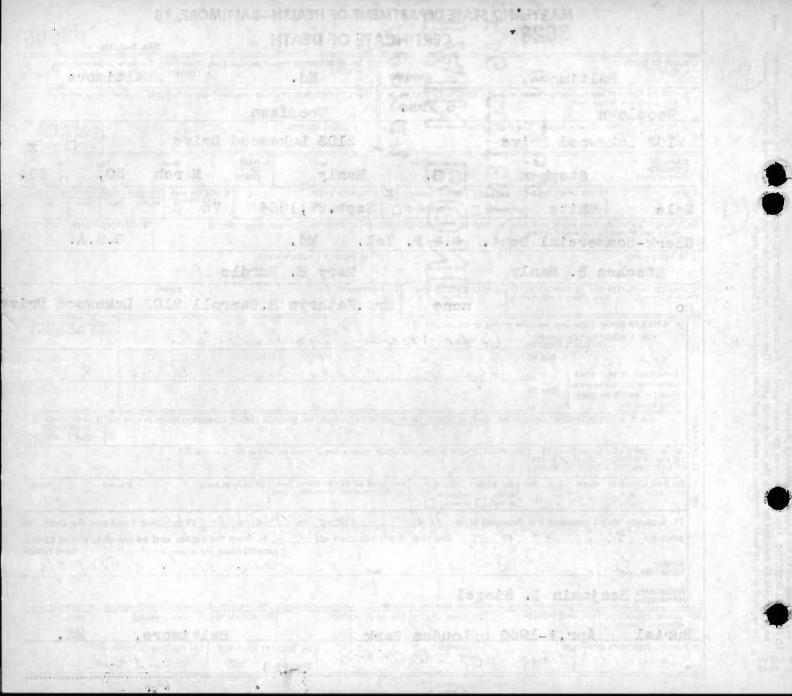
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SANSATAR MELITA OF ASSESSED FAR STORING MUDICAL STANDINGS & CONTINUATE OR DEATH

112999 Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES NO THE March 30. 60. IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Mrs.Kathryn B. Carroll 2103 Lukewood Drive INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 19 (County) (Stole) 30, 1960, that I last saw the deceased and that death occurred at 1245P. M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED. 22d. LOCATION (City, Iown, or county) (Stote) Md 24b. REGISTRAR'S SIGNATURE arthur I Kense

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 aspital aspital attending physician.
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AL DIRECTOR:

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VS A15 (4)

15M 10/57

registrar

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not the death certificate be executed within 24 hours after death. Page 4	Then please remove carbon paper. Oges 7 and 2 shauld be filed with
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rtificate	y the attending physician and camp
death ce	please re
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3029 CERTIFICATE OF DEATH

Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Balto. o. STATEMO b. COUNTY MARYLAND Balto. b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Ruxton Ruxton d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE or institution ON A FARM? 1408 Ruxton Rd. YES T NO NAME OF First Middle Last DECEASED LOUISE FONTAL NE MANN 6. 60 Mar. DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last-bigthday) Months Days Jan.1.1887 Hours female white WIDOWED DIVORCED [ yrs. 10o. USUAL OCCUPATION (Give kind af wark done during mast af working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? retired Homemaker Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tomasia Minor Richard Morris Fontaine IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Berkely Mann - Ridge Rd. Riderwood, Md. 18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY Lancinona 2 7 75 IMMEDIATE CAUSE (a) DUE TO into metastasse to Brain + Spine 6 malh Canditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 19 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II af item 18.) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Nat while of wark p. m. March 6 1960 that I lost saw the deceased Manch , 1958 to 21. I certify that I attended the deceased from.\_\_\_ ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S Frank Supplee TIT NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) 3/8/60 Cremati on Loudon Park Crematory Balto.. 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

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HALL TO BE ADDRESS OF THE PROPERTY OF THE PROP		OMITIAS HEALTH SO THURS	YEARD STATE DIRE			
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					Liver II	
				THE SEASON PROPERTY.		

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03001

CERTIFICATE OF DEATH

				CERTIII	CAI	L OI DEAII	•		Reg. D	ist. No.		
	CE OF DEATH	altimore		MARYLA		o. STATE Mary	ere decease /land	d lived. If institution b. COUNTY			ore admiss	-
b. C		autside corporate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	outside corpo	rate limits, write R	URAL ond	give nec	arest town	1)
		nsville		2yr6mth16dy:	5	Edgewat	ter, M	aryland		(	Dax	2
0	OR INSTITUTION	AL (If not in hospital, g ROVE STAT		address) OSP ITAL		d. sold by sss 160 Oakwood	Road					FARM?
3. NAI	ME OF CEASED	Fir	st	Middle		Last	4. DATE	Mon	th	Do	зу	Year
	be or print)	Mam	ie	Lucricia	a l	lasarone	DEATH	March	19	5		19 60
S. SEX		6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	☐ B. C	ATE OF BIRTH		9. AGE (In years lost birthdoy)				ER 24 HRS
fem	ale	white	WIDOW	ED DIVORCED [	] (	ctober 26.	1892	67 yrs.	Months	Days	Hours	Min.
10a. US	SUAL OCCUPATION Fring most of work	ing life, even if relired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stote	- 33 N A	ountry)		S.		OUNTRY
13. FAT	THER'S NAME	MITE			1	4. MOTHER'S MAIDEN N	-		1 0	. 0.	A.	
	George I	ONO				Jessie To	n] son					
		R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	INFO	RMANT	TOUL	Add	ress			
(Yes, no.		If yes, give war or dates of s	ervice)	Inknown		rds: SPRIN	IG GR	OVE STA		OSPI	TAL	
G g cc	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO ty, which mediate the under- (c)	Cer Ar	rebral vascurteriosclero iabetes mell	tic itus	cardio vascu)			EN IN PA		PERFO	
E (IF	EITHER, NOTIFY	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)  Month, Day, Ye	or 20d. I		e. PLACE	OF INJURY (Home, form, street, office bldg., etc.	20f. (City	ar town)		(County)		(State
AC SIG	CTUAL GNATURE  SYSICIAN'S AME (Type)	ot I offended the Jarch 15 Sulla Stella Wac	, 12 4/α hsle:	60, and that declerer, M. D.	eath ac	SPRING (	pM, fram ADDRESS (S CROVE	state I	d an th stote) HOSPI	TAL	stated DAT	
220. BL	URIAL, CREMATIO MOVAL (Specify) DUTIAL	3-18-60	)F	22c. NAME OF CEMETE Mt. Oliv			1	TION (City, town, ondallsto	,,		(Stot	
23. FUN	reng 12	Syers. 87	28	Liberty Roll	and	Aston DATE	AR 2 3 15	TRAR 24b. REGI	STRAR'S S	GNATU	RE	

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haurs after death. Page 4

the funeral director, shauld be filed with

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n 72 haurs after death

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ertificate has been signed by the attending physicion and camp as the burial-tronsit permit. Then please confore carbon poper

attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

03002

(Stote)

L	2908 CERTIFICATE OF DEATH	
1.	PLACE OF DEATH  o. COUNTY  Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE Maryland b. COUNTY Baltimore	before admission) Itimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  25 175. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1825 Clark Blvd. 1825 Clark Blvd.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Thomas Ms Clooney (Clooney) 4. DATE OF DEATH March 8	Day Yeor
S.	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  White Widowed Divorced Feb. 20, 1880  9. AGE (In years lost birthdoy)  Months D  Wonths D	YEAR IF UNDER 24 HRS Days Hours Min.
10	during most of working life, even if retired)  Beth Steel Co. Vivainia  W. 12. CITIZI  W. 12. CITIZI  W. 12. CITIZI  Beth Steel Co. Vivainia	S. A.
13.	Tommy McClooney Konnie Hurley	
	WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (If yes, give war or dates of service)  215-09-4817 Mary E. M&Cleaney 1825-C16	ork Blu
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PRESENTED A PROPERTY OF THE PROPE	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which)  (b)  DUE TO  DIVETO  Conditions, if ony, which)	119-8
	gove rise to immediate couse (o), stating the under-lying couse lost.  DUE TO  Clare Muyo Courdelle	3 mg
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  P. m.  19  20d. INJURY OCCURRED Foctory, street, office bldg., etc.)  foctory, street, office bldg., etc.)	ounty) (State
1	21. I certify that (I) (this haspital) attended the deceased from 1960, to Mch B, 1960, saw the deceased alive an March 71960, and that death accurred at 29 M, from the causes and an the	, that (I) (we) las
	220. SIGNATURE  M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.   STAFF	22b. DATE SIGNET
	22c. PHYSICIAN'S NAME (Type) BBAYUMBAUPh 22d. ADDRESS 5-609 main 7	my
23	Removal (Specify) 3 (96 60 Meddow vida & Cometery Bolt, more	Maryland
24	EMPLIESE TO. 1328 Sulphyr Soring Rd DATE MAR 9 '60 arily 8.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within page 3 should be detached for use us me constant ar removal, and in any the State Board of Health prior to burial, cremation, ar removal, and in any TO P VR A1S (4) 1SM 9/59

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AL DIRECTOR: After

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arthur S. Kraus

MAR 31 '60

	Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) White Marsh 20 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) White Marsh
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION STIM'S Rest, Vincent Rd.	d. STREET ADDRESS (Private Residence) Pilgrim's Rest, Vincent Rd. YES NO IX
3. NAME OF First Middle	Mckenney  4. Date Of Death March 27, 1960
5. SEX male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  August 11.1874  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Mi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Methodist Minister	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY Westmoreland County. Va. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas McKenney	Mary ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 18. no. or unknown) (If yes, give wor or date of service) 12-6573	Gibbs McKenney, Jr. 102 Estes Rd.
18. CAUSE OF DEATH [Enter only one cause per line for (p), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stoting the under-lying couse lost.  (c)	d'arterio-Sclerosis ? years & mild diabetes
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \sum \) NOT
	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
21. I certify that I attended the deceased from alive on 12, 1960, and that death	19 19 16 march, 19 40 that I last saw the deceased accurred at 5 A.M. from the causes and on the date stated above
SIGNATURE Kal F. Mech, M.D.	M.D. 11 E. CHASE STREETLY 3/28/6
PHYSICIAN'S KARL F. MECH, M.C.	D. BALTIMORE-2, MARYLAN
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O BURIAL Specify Mar. 30.1960 Camp Chapel	(5.6.6)
THINERAL DIRECTOR'S SIGNATURE	

Lin by the funeral director, and 2 shauld be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 At DIRECTOR: After tertificate has been signed by the ottending physician and compage to should be detached for as as the burial-transit permit. Then please remove carban pape the registrar priar to burial, cremation, or remayal, and in any event within, 72 hours after death. attending physician. AL DIRECTOR: After 10 F

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87 2900 ATMILESTATION THE THE THE TEST THE TOTAL TO THE 2, CERTIFICATE OF DEATH The state of the s THE REPORT OF THE PARTY OF THE and the state of the second Table Solveringenman Solvering Company of the Compa of enomicial presents to see and was a The state of the second of which the second of the second M

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### MARYLAND STATE DEPARTMENT OF HEALTH 20 DEVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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3032	CERTIFICA	TE OF DEATH		00000
PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryland	ere deceased lived. If institution b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)		c. CITY OR TOWN (If o	utside carporote limits, write RU	RAL and give nearest town)
Fort Howard	22 Days	Baltimore		3V01-4
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION  Veterans Administ:		d. STREET ADDRESS	Franklin Stree	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle	Last	4. DATE Month	
(Type or print)		MEYERS	OF DEATH March	- 1-
GLARINGE	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
111111111111111111111111111111111111111	IDOWED DIVORCED		lost birthdoy)	Manths Doys Haurs Min.
Male Colored W  10a. USUAL OCCUPATION (Give kind of work don		July 20, 1881		12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	Lumber Mill		e, Maryland	U. S. A.
Planer 3. FATHER'S NAME	Pumer urit	14. MOTHER'S MAIDEN N		0. 0. A.
Tom Meyers		Laura M:		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown)  (If yes, give war or dates of service)  WW I	al le	NFORMANT linical Record	Addre ds,VAH,Balto.18	, Md.Ft.Howard Div
421.1 PUSER M	HYPERTROPHY AND I		E HEART DIE TO THAL INSUFFIC:	
gave itse to immediate (	SPLEEN	ONGESTION OF I	JOHCIDA BLAVILLEON AND	3 WEEKS
PART II. OTHER SIGNIFICANT CONDIT	ions <u>contributing to death</u> but	T NOT RELATED TO THE TERM	nal disease condition give	IN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO
	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Year Hour a. m. p. m.		ACE OF INJURY (Home, form actory, street, affice bldg., etc		(County) (State)
21. I certify that //(this haspital) of saw the deceased alive an March			60 March 1	d an the date stated above.
226 SIGNATURE Caredad & C	Jornsoler M	ATTENDING M		22b. DATE 3/2/60
22c. PHYSICIAN'S NAME (Type) CARTDAD E. GONZALEZ,	M.D.	VAH. BALTO	18, MD. FT. H	
23d. BURIAL CREMATION, REMOVAL (Specify)  Burial  3-4-190		or crematory tional Cemeter	23 LOCATION (City, town, or y) Baltimore,	r county) (Stote) Maryland
24. Funeral director's signature rlington S. Phillips 18	ADDRESS 808-10 N. Monroe S	St., Balto DATE	D BY REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE
		7, Md. MA	H / Ou Clas	and a, themes

hours after death. Page 4 in by the funeral directar, and 2 shauld be filed with Del. XAL DIRECTOR: After the pertificate has been signed by the ottending physician and complete pages 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Tages the State Baord of Health priar to buriol, cremation, or remaval, and in ony event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within attending physician. retained by the haspit TO FU

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	CERTIFICA	TIE OF BEATH		
1. PLACE OF DEATH 0. COUNTY		2. USUAL RESIDENCE (WI	nere deceased lived. If institution: Reside	ence before admission)
Baltimore	MARYLAND	o. STATE Marylar	nd b. COUNTY Wico	omico V
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)			outside corporate limits, write RURAL and	give nearest lown)
Fort Howard	105 Days	Salisbu	iry 2	2-12-2
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Veterans Adminis	stration Hospital	810 Eas	st Church Street	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Yeor
(Type or print) EDWIN	н.	MORRIS	DEATH March 17,	1960 19
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	- last birthdoy) Months	R 1 YEAR IF UNDER 24 HRS
	IDOWED DIVORCED	November 11,	1894 65 yrs.	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	e 10b. KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (Stote		TIZEN OF WHAT COUNTRY
Timberman	Self-employed	Pittsville	e, Maryland	J. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Manilus Morris		Cordelia	Bailey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give wor or dates of service)	? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
Yes Yes	None C	linical Record	is, VAH, Balto. 18, Md.	Ft. Howard Di
18. CAUSE OF DEATH [Enter only one couse	per line for (o), (b), ond (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	THROMBOSTS MIDI	TE CEREBRAL A	RTERY WITH CEREBRA	
332× 2419	INFARCT, RIGHT			72
Conditions, if ony, which ) (b)	HYPERTROPYY AND	TIME AT A TE TON OF	HEART	UNKNOWN
gove rise to immediate couse (a), sloting the under-				
lying couse lost.	Old MYOCARDIAL	INFARCTION		UNKNOWN
PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDIT HEMTPLEGIA				YES X NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 1B.)	
2		LACE OF INJURY (Home, form		(County) (State
Hour o. m. 19	While Not while ot work of work	octory, street, office bldg., etc	.) }	
21. I certify that (\$\frac{1}{2}\$ (this haspital) of		December 2 10	CO 40Marrah 3.7 106	SO that (Net)
say the deceased alive an Marc	h 17 1960 and the	December -3-1/2	OAM the same and an all	and the stated above
226. SIGNATURE	J-1-1 OU, and that	death accurred at Q2	Ob, from the causes and an in	22b. DATE
Caredad G.	projulas	M.D. PHYS.	ED. STAFF PHYS. 🔼	3/17/60
22c. PHYSICIAN'S NAME (Type) CARIDAD E. GOI	NZALEZ, M.D.	VAH, BALTO	.18,MD. FORT HOWARI	DIVISION
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (Cily, lown, or county	) (Stote)
REMOVAL (Specify) 3-19-196	Parsons Ceme	town	Salisbury, Mary	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC	D BY REGISTRAR 256. REGISTRAR'S	
Hill and Johnson - 705	E. Main St. Salis	bury, Md. DATEMA	R 21 160 arthur &	Krases
CALL CALLED OF THE CO.	The state of the state of	9 7	21,	T TO STATE OF THE

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24 hours after death. Page

after death. ertificate has been signed by the attending physician ond cam within 72 haus permit. os the burial-transit removal,

PITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed

attending should be detached for use strar priar to buriol, cremot AL DIRECTOR: After page 3 should the registrar p

ACTUAL

PHYSICIAN'S NAME (Type)

TO FL VS A1S (4) 15M 9/S8

		CERTIFICA	AIE OF DEATH		R	eg. Dist. No	
1.	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryla		1	Residence before Baltimo	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catons ville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate	limits, write RUR	AL and give ne	arest town)
5	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION PRING GROVE STATE HOSPITAL OF THE PRING GROVE STATE HOSPITAL OF THE PRING GROVE STATE HOSPITAL OF THE PRINCE OF THE	address)	d. STREET ADDRESS 315 Ingle	side Aver	nue		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) Emil	Middle N∈	lost eiderhauser	4. DATE OF DEATH	March	21	
S.	sex 6. COLOR OR RACE 7. MARK amle White WIDOW	RIED NEVER MARRIED DE DIVORCED DE	B. DATE OF BIRTH	9. A	-	UNDER 1 YEAR Nonths Days	Hours Min.
10	o. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired)  UNKNOWN	KIND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (State	n Switze	erland	U.S.A	WHAT COUNTRY?
13.	FATHER'S NAME - unknown-Godfrey New	iderhauser	14. MOTHER'S MAIDEN	1	?		
	es, no, or unknown) (If yes, give war or dates of service)		ords: SPRIN	G GROVE	Address STATE	HOSPIT.	L
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Pt		osis and inf	arction			ERVAL BETWEEN SET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse lost.	rteriosclérotic	c cardiovascu	lar dise	asd		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE CO	NDITION GIVEN	IN PART 1(a)	PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING   20b. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II o	f item 18.}		
MEDICAL	20c, TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. While p. m. 19	Not while fa	ACE OF INJURY (Home, fare ctary, street, affice bldg., et-		own)	(County)	(Stote
	21. I certify that I oftended the decease of olive on March 24 , 19 (		5, 1960 , to occurred at 4:10	ADDRESS (Street,	couses ond city or town, sto	on the dote	w the deceased stated obove DATE SIGNED 3-21-60

22c. NAME OF CEMETERY OR CREMATORY Loudon Park (eme 22a. BURIAL, CREMATION, REMOVAL (Specify) 128/60 emetery Burial 3/2
23. FUNERAL DIRECTOR'S SIGNATURE

22d. LOCATION (City, town, or county)
Baltimore, M

Mary 24b. REGISTRAR'S SIGNATURE

ADDRESS

5305 Harford Road #14

24a. REC'D 8Y REGISTRAR MAR 3 0 '60 DATE

GROVE

Catonsville 28, Maryland

Orthung & Kraus





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# ND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

03007

Reg. Dist. No.

	Keg. Dist. 140.
1. PLACE OF DEATH Baltinion MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OBJOWN (If outside corporate limits, write RURAY and give nearest town)	c. CIDPOR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 12/5 May four Koad	13215 May fair Rd e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) Mathiau Model	Lost 4. DATE Month Day Yeor OF DEATH 3 - 23 - 1960
male white WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years lost bi-hiday)  yrs.  IF UNDER 1 YEAR IF UNDER 24 HRS.  Manths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Baltimore Md WS A
13. FAMIER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes. no. or unknown  (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17.	essie Morwitz - Dane
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate cause (o), stating the under- lying cause lost.  (c)  Question and Control  (d)  Question and Control  (e)	onorythomboon onset and geath sublen ocodial supretion 13 yrs
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter noture of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the form of work 19 of work 10 of wor	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
21. I certify that I attended the deceased from 4-75 alive an 3/17/60, 19, and that death ACTUAL SIGNATURE MULTINGHAM WILLIAM	accurred of 6 HM, from the causes and an the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNEY  M.D. 73 N Entrum PC Pack 15 MM 3
PHYSICIAN'S Milton B. Kirsh, M.D.  220. BLENIAL CREMATION.   22b. DATE THEREOF   22c. NAME OF CEMETERY OF	1 CATCHANGE AND A COLUMN AND A
REMOVAL (Specify) 3-2+60 Kosech	ale /2 alto Mid
Jack Lewis no 2100 Eutos	DATE MAR 2 8 '60 Carthur S. Kraus

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24 haurs after death. Page 4

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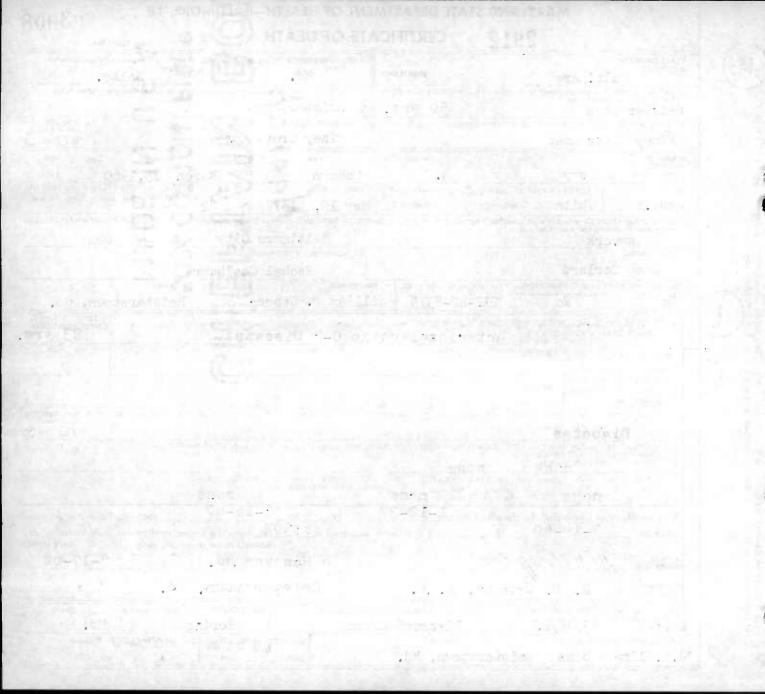
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	6	314	CERTIFI	CAIL	Or D	EATH	0.562	-	Reg. D	ist. No.		
	altimore		MARYLAN	0.5	STATE	ENCE (Whe	ere decease	d lived. If institut b. COUNTY		nce befo	re admis	sion)
B. CITY OR TOWN RURAL ond give Reisters		s, write	c. LENGTH OF STAY IN			own (If ou ersto		prote limits, write f	RURAL ond	give nec	arest tow	n)
d. NAME OF HOS	PITAL (If not in hospital, g	ive street o		7 d.	STREET AD	DRESS	e Roa	ıd			ON A	SIDENCE A FARM? NO [2
3. NAME OF DECEASED (Type or print)	Mary Mary	st	Middle S.	Os	lost born	140	4. DATE OF DEATH	March	15.19	960	·	Yeor
5. SEX Female	6. COLOR OR RACE White	WIDOWE		May	OF BIRTH	1877		9. AGE (In years lost birthdoy) 82 yrs.	Months Months	R 1 YEAR Doys	IF UND Hours	ER 24 HR Min.
Houser	TION (Give kind of work of orking life, even if retired)  OON	lone 10b. I	KIND OF BUSINESS OR IN	NDUSTRY 11			e Cit		12. CI	USA		COUNTRY
13. FATHER'S NAME Noah	Garlard			14. N		achel	<sub>AME</sub> Coal	hour	5			
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FORG	(aniva	2-40-8375	Willi		Osbo	rn		sters	stowr	1, Mc	d.
Conditions, if gove rise to couse (o), stotic lying couse los	immediate DUE TO		terioscler	otic	C-V	Dise	ase				23	yre
D:	ther significant conf	DITIONS <u>C</u>	ONTRIBUTING TO DEATH	BUT NOT RE	LATED TO	THE TERMIN	IAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 1	PERFO	AUTOPSY DRMED?
20c. TIME OF INJ Hour o. n p. n	NG CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Yeo  1. 19	r 20d. IN While of work	Not while none	e. PLACE OF foctory, str	INJURY (H	ome, form, bldg., etc.)	20f. (City	or town)		(County)		(Stote
ACTUAL SIGNATURE	ADDRESS (Street, city or town, stote)  DATE SIGNED  ACTUAL  DATE SIGNED  ACTUAL  DATE SIGNED  ACTUAL  DATE SIGNED  ACTUAL											
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMAT		-	B, M. D.	ON OR CREM				TION (City, town,	or county)		(Sto	to)
Burial (Speci	3/18/60		Pleasant				В	oring		Md	1.	
J.F.Eline		eiste	rstown, Md.			24a. REC'D	WK REGIET	TRATO 246. REG	ISTRAR'S S	IGNATU	BEUA	

TO HOSPITAL OR ATTENDING PLYSICIAN: The law requires that the death certificate be executed we retained by the hasp certificate has been signed by the attending physician and compage 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. The registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.



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	1. PLACE OF DEATH o. COUNTY Balto	0•		MARYI	LAND	2. USUAL RESI	DENCE (Wh	ere deceased	l lived. If instituti b. COUNTY		nce befor	re odmis	sion)
	B. CITY OR TOWN (III RURAL and give ne	t outside carporate limit	s, write	c. LENGTH OF STAY I	IN 1b	Mt. Wa			rate limits, write R	URAL and	give nea	rest tow	n)
		AL (If not in hospital, gi Smith Ave.		oddress)		d. STREET A		Ave.					IDENCE FARM?
4	3. NAME OF DECEASED (Type or print)	WILLIS	if	Middle EDWIN	U	OVERTON		4. DATE OF DEATH	Mar M	ar.	Dog 9		Yeor 1960
	5. SEX male	6. COLOR OR RACE white	7. MARR	RIED NEVER MARRIE		Nov. 25			9. AGE (In years last birthdoy) 56 yrs.	IF UNDE Months	R 1 YEAR Days	IF UND Hours	ER 24 HRS. Min.
	Industrial	ing life, even if retired)		elf Employe			ACE (State	ar foreign co	ountry)	12. CI	ITIZEN O	F WHAT	COUNTRY?
	13. FATHER'S NAME					14. MOTHER'S							3 115
	Willis E. (					Samant	tha P.	(ur	nknown	-1-0			·
	15. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FORG		SOCIAL SECURITY NO.		rs. Erma	M. O	vertor	Add 1 - 2322		h Av	Θ.	
	Conditions, if or gave rise to it couse (a), stating lying cause lost.	the under- DUE TO (c)		Carona CONTRIBUTING TO DEA	ary	thro	THE TERM	AÍO	CONDITION GIV	/ENTINE BAT	PT 1/21 11	6 y	ps)
)	Z Z						III K			EIN IIN PAI	X1 1(0)	PERFC	NO D
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200. DESI	CRIBE HOW INJURY OC	COKKEL	). (Enter nature a	r injury in r	ort I or Port	II of item 18.)				
	20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Day, Yea	While		20e. PLA foc	CE OF INJURY ( tary, street, affice	Hame, form, bldg., etc.	, 20f. (City	or town)		(County)		(Stote)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the full well full HR PAUL H.	syse Re	Pei Pertin Reisen	stow	occurred at	10:15	P.M. fram ADDRESS (SIN	on the causes of reet, city or town, CRSTOW	and an i	the dat	e state	
	220. BURIAL, CREMATION REMOVAL (Specify) Burial	3/14/60		Druid				PI.	ION (City, town, kesville	, Ma		(Stot	e)
	23. FUNERAL DIRECTOR'S	LANDME	1 V	ADDRESS -	120	oto	DATE M	AR 1 4	RAR 24b. REGI	STRAR'S SI			

in by the funeral directar, and 2 shauld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 page of shauld be detached for ese as the burial-transit permit. Then please remave carban pape the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs offer death. r attending physician. Perificate has been signed by the attending physician and cami TO F VS A15 (4) 15M 10/57

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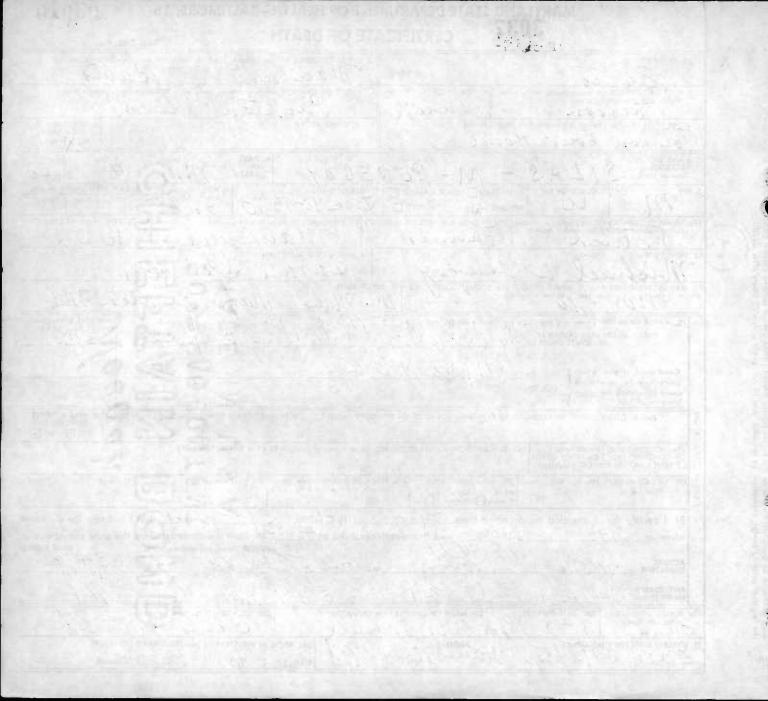
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3037 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

03010

				Dist. No.	
	1. PLACE OF DEATH O. COUNTY OLD TO	MARYLAND	2. USUAL RESIDENCE (When	e deceased lived. If institution: Resignation b. COUNTY	dence before admission)
	RURAL and give nearest town)	I week	c. CITY OR TOWN (If out	ton Ruce	d give nearest town)
)	d. NAME OF HOSPITAL (If not in haspital, give street addi- OR INSTITUTION LOW HOW.		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) S/LAS -/	M-PER	EGOY "	DEATH Manth	4 Doy Year 1960
	M WIDOWED	DIVORCED	Dec 10-18	13 lost birthday) Month	
1	100. USUAL OCCUPATION (Give kind of work done 10b KIN during most of working life, even if retired)	OF BUSINESS OR INDUS	Mai	foreign country) 12.	CITIZEN OF WHAT COUNTRY?
1	Michael a Per	egry	14. MOTHER'S MAIDEN NA	Spindle	1
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	CHAPSECURITY NO. 17. II	to Mahel 1	nays - Park	ton Md
	1B. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Conditions, if any, which )	meyntiss	Cardio Uha	eular Hiscare	INTERVAL BETWEEN ONSET AND DEATH
	gave rise to immediate couse (o), stating the under-lying couse lost.				
)	PART II. OTHER SIGNIFICANT CONDITIONS CON  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  (If EITHER, NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	al disease condition given in F	PERFORMED?  YES NO P
		E HOW INJURY OCCURRED	). (Enter nature af injury in Po	rt f or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJUI Hour o.m. 19 While at wark	Nat while fac	CE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (Stote)
,	21. 1 certify that I attended the deceased alive an 3/4 , 1960  ACTUAL SIGNATURE	that death		M, fram the causes and or operation (Street), city or town, state)	I last saw the deceased the date stated above.  34 Go
	PHYSICIAN'S AURENCE (	? Fort	Balt	mar 12	md
	Bunal (Specify) 3-8-1960	Mr Car	ruel	13 LICENTION (City town, or count	Med
	23. Overal Director's SIGNATURE to He	Replied	Hed DATE AR	BY REGISTRAR 24b. REGISTRAR'S  8 '60 Carthur &	



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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 3038

03011 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Beltinger
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
Mt. Wilson, Maryland  d. NAME OF HOSPITAL (If not in hospital, give street address)	XISaltimol
OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES IN NO IN
Mt. Wilson State Hospital	GOSO COMPACTOR YES NO NO
3. NAME OF DECEASED (Type or print) Sold First Middle FRANC	15 PHILLIPS DEATH March 28 1960
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  Pab 2, 1894  9. AGE (In years If UNDER I YEAR IF UNDER 24 HRS.)  Maniths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Ann Drundel Co: Waryland () S. A.
13. FATHER'S NAME ALBERT PHILLIPS	14. MOTHER'S MAIDEN NAME TOA CLARY
(Yes, no. or unknown) (If yes, give wor or dates of service)	NFORMANT Xddress Ospital Records, Mt. Wilson State Hospital
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Myocas	Olal Intercline ONSET AND DEATH
OO 2 X DUE TO	7 1
Conditions, if ony, which) (b) Coronary	1 (usombons.
gave rise to immediate cause (o), stoting the under-lying cause last.  (c) Pulniyu	an Tubelculon's.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
É C	PERFORMED? YES X NO T
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While at work at wark	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State) ctary, street, affice bldg., etc.)
21. I certify that I attended the deceased fram. 3126	1960, to 3/28/, 1960, that I last saw the deceased
	accurred at 7.30 A.M. fram the causes and an the date stated above.
1 1 11	ADDRESS (Street, city ar town, state) DATE SIGNED
SIGNATURE ///Uwemus	M.D. Mt. Wilson, Maryland
PHYSICIAN'S	
NAME (Type) Wm. Newcomer, M.D.	Superintendent
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
BURIAL 3-31-60 Baltimore N	ational Baltimore
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Wm. Cook, Inc., 1217 St. Paul Street	DATEMAR 30'60 arthur S. Huma

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MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18
Item 12, Film C259 3/ CERTIFIC	ATE OF DEATH  Reg. Dist. No. (131)12
PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Garrison	Baltimore 3V01,4
d. NAME OF HOSPITAL (If not in hospital, give street address) & Valley	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Foxleigh Nursing Home-Reisterstown Rd	2334 Ocala Ave.
3. NAME OF First Middle DECEASED (Type or print) JOSEPHTNE	Lost 4. DATE Month Day Year OF DEATH Mar 9 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy)  Months Days Haurs Min.
Female White WIDOWED DIVORCED	March 194 1900 S9 yrs. Months Days Haurs Min.
Og. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDI	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
during most of working life, even if retired) Housewife	Italy
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Salvatore Liberto	Rosaria Barranco
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes. no. or unknown) (If yes, give wor or dates of service)	Mr. SamuelLucido - 1826 Coleherne Rd.
18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).]	INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate	umboses reunlul ONSET AND DEATH
cause (a), stating the <u>under-lying couse last.</u> DUE TO  (c)	
No.	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RED. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m.  p. m. 19 While Not while of wark of the order of the	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (Caunty) (State)
21. I certify that attended the deceased fram.	0 , 19 , to 3/4 , 1900, that I last saw the deceased
SIGNATURE MULTISKING UM	th occurred at J. J.M., from the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 3 15/6
PHYSICIAN'S NAME (Type)	
22c. NAME OF CEMETERY C Burial 3/12/60 New Cathedr	(biand)
3. FUNERAL DIRECTOR'S SIGNATURE Y SAUGESS PAGE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Curling & France
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			S NAMES OF THE PERSON OF THE P
			S symple S silvator Drietzel

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in by the funeral directar, and 2 shauld be filed-with

24 haurs after death. Page 4

offer Then please remave carban papers. RAL DIRECTOR: After the certificate has been signed by the attending physician and camp 3 should be detached for use as the burial-transit permit. Then please remove carbon papers are Board of Health prior to burial, cremation, ar removal, and in any event within 72 halfes as attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed zetained by the haspit TO F VR A1S (4) 15M 9/59

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the	7	2
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311411 CERTITION	AID OF DEATH
1. PLACE OF DEATH G. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  O. STATE  O. STATE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  COCKEYS ULLLE  2 YEARS-8 MO	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ASONIC HOME	d. STREET ADDRESS  3351 KESWICK ROAD  6. IS RESIDENCE ON A FARM? YES   NO.
3. NAME OF DECEASED (Type or print) BARBARA ELLEN	PORTS 4. DATE Month Day Year OF DEATH MARCH 13 1960
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  9. AGE (In yeors leg birthdoy)  7/22/1863  9. AGE (In yeors Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE	MARYLAND U.S.
MORDICA PRICE	RACHEL ARMA COST
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yes, give war or dates of service)	INFORMANT Snaud L. Smuth J Cockeyantle M.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO	Rherotie Cardeo Interval Between ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  (b) Vascular  (b) DUE TO  (c)	n Niseane 2 jans
CATIO	PUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour a. m. While Not while of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)   20f. (City or town) (County) (State
	t death accurred at M, from the causes and an the date stated above
220. SIGNATURE fraction To 1 Ceas	M.D. ATTENDING MED. STAFF PHYS.   22b. DATE / SIGNED / SIGNED
22c. PHYSICIAN'S NAME (Type) WALTER T. KEES	22d. ADDRESS COCKEYSUILLE MD
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 3-16-60 Grace M.E.C	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm.Cook, Inc., 1217 St.Paul Street	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE MAR 1 5 '60 Cirthur S. Kraus

STATE OF THE PROPERTY OF THE PROPERTY OF Bullion of the control of the contro de l'action de la company de l in by the funeral director, and 2 shauld be fited with

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24 hours after death. Page 4

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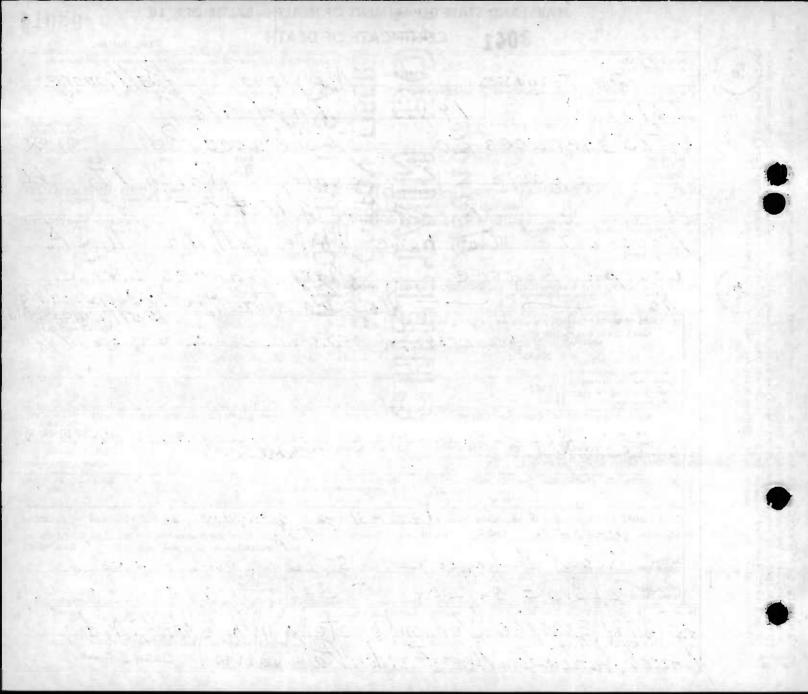
### CERTIFICATE OF DEATH

	0041	CERTIFICATE	OI DEATH	Reg. Dist. No.	
	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND 2. L	SUAL RESIDENCE (Where deceased lived	d. If institution Residence before o	dmission)
	b. CITY OR TOWN (If autside corporate limits, write c. LEN BURAL and give nearest town)	GTH OF STAY IN 16	. CITY OR TOWN (If autside carporate I	mits, write RURAL and give nearest	tawn)
6	d. NAME OF HOSPITAL (If not in haspital, give street address) OR ANSTITUTION	d. 6	street ADDRESS	11)1	S RESIDENCE ON A FARM? ES NO
	NAME OF DECEASED (Type or print)	Middle R	Lost 4. DATE OF DEATH	Arrold 17	Year 19 6:
5.	6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	DIVORCED S	TE OF BIRTH 9. AN	GE (In years of UNDER 1 YEAR IF IS to birthday)  Wanths Days He	UNDER 24 HRS. aurs Min.
L	D. USUAL OCCUPATION (Give kind of work done 10b. KIND of dying most of working life, even if retired)	home	White Hall	Md. 12. CITIZEN OF WE	HAT COUNTRY?
	Woseph Pearce		Mary Fran	ces Lyte	) e
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service)	SECURITY NO. INFOR	Kida Street	- 65/5 Sherwa	and Rd
	18. CAUSE OF DEATH [Enter only one couse per line for (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HYPER ULL TO		RDIO-VASCULAR	CANAL DISEASE I	AL BETWEEN AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. (b)				
CERTIFICATION		RRHAGE X	RELATED TO THE TERMINAL DISEASE CON LIFT HE MAJOL OF Part II of Part II of	PART CELS (USE YE	WAS AUTOPSY PERFORMED?
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur o. m. 19 at work ☐ at	at while factory,	OF INJURY (Hame, farm, 20f. (City ar to street, affice bldg., etc.)	own) (Caunty)	(Stote)
	21. I certify that I attended the deceased from alive an MARCH 16, 1960  ACTUAL SIGNATURE SLOYA E. Say		urred at ZiOOA.M, fram the	causes and an the date st city ar tawn, state)	
22:		LOR	BALTINO 122d, LOCATION	(City, town, or county)	(State)
1	REMOVAL (Specify) 3/20/60	ernon (em	TAO. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE	(Jidie)
K	Jacob Hardenstein / Lea	Ferendon	DATE MAR 21 '60	Chilmy S. Krams	

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TO HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed a more retained by the hospital attending physician.

TO Fig. RAL DIRECTOR: After the certificate has been signed by the attending physician and camp page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. VS A15 (4) I5M 9/58



03015

Rea Dist No.

-			Keg. Dis	1. 110.
1.	PLACE OF DEATH  O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased I	lived. If institution: Residence b. COUNTY	e before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporo	te limits, write RURAL ond gi	ive nearest tawn)
-	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e 01	e. IS RESIDENCE ON A FARM?
1	NAME OF First Middle	Lost 4. DATE	mu Ka.	YES NO
3.	(Type or print) MARY LOUISE RET	Lost OF DEATH	MARCH	Day Year 5 1960
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.  WIDOWED DIVORCED -	DATE OF BIRTH 2865		YEAR IF UNDER 24 HRS. Days Hours Min.
10	0a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)  HOUSEWIFE  OWN TOTAL	RY 11. BIRTHPLACE (State or foreign coun	ntry) 12.CITIZ	1. S. A.
13	2. EATHER'S NAME R. Meade	14. MOTHER'S MAIDEN NAME	Sleigh	hT
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give wor or dates of service)	ORMANT 1900 12 1900	RUXTON RO	RUXEN MI
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	/ 100	10.00	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CERES RAL	MSCHAR DECLI	DENT	
	Conditions, if any, which)  Conditions, if any, which)  Conditions, if any, which)	ED RETURIOS	SCREEOSIS	
	gove rise to immediate couse (o), stoting the under-lying cause lost.			
CATION		IOT RELATED TO THE TERMINAL DISEASE (	CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFIC	200 ACCIDENT WAS LINDEDLYING TO 200 DESCRIBE HOW INJURY OCCUPRED	(Enter nature of injury in Part I or Port I	l of item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m.  p. m. 19 While Not while of work of work	CE OF INJURY (Home, farm, 20f. (City o ary, street, office bldg., etc.)	r town) (Co	ounty) (Stote
	21. I certify that I attended the deceased fram. Augus i	1957, to MARC 4	1960,that I las	st saw the deceased
	alive an Maket 155, 1966, and that death of	occurred at 10.45PM, fram th		date stated above
	ACTUAL France Toaly M	.D. 1725 REISTA	et, city or town, stote)	1 3/5/60
L	PHYSICIAN'S FRANCIS T. DALY	1725 REISTERS	STOWN RO	3/5/60
22	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BURIAL (Specify) 3-8-60 GREGINOUN	CREMATORY 22d. LOCATION BALTO	ON (City, town, or county)	(State)
23	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRA	0	NATURE
11	TWARNEINS & DON'S LO. 4965 YORK KD	DOLTO DATE MAR 7 . 6	io Cirilhun S.	/ CARA

mo retained by the hospit attending physician. **D. FUJERAL DIRECTOR:** After the certificate has been signed by the attending physician and camping page 3 should be detached for use as the burial-transit permit. Then please remave carban papers, the registror prior to burial, crematian, or removal, and in any event within 72 haurs after death YSICIAN: The law requires that the death certificate be executed PITAL OR ATTENDING PA TO FEE TO HO VS A15 (4) 15M 9/5B

hours ofter death. Page 4

y tried in by the funeral director, Pages 1 and 2 shauld be filed with

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# FOR STATE HEALTH DEPT

r delay is necessary, please funeral director. Page stained for your files. If ony deloy is to funero story to fine Store E TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to id be forwarded to this Medical Examiner's Office along with form PM3. Page 10 reverse to Proceed to the pending of the pages 1 and 2 mills or its designated agent, prior to barial, cremation, or remayal, and in any event within 72 hours.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2899 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

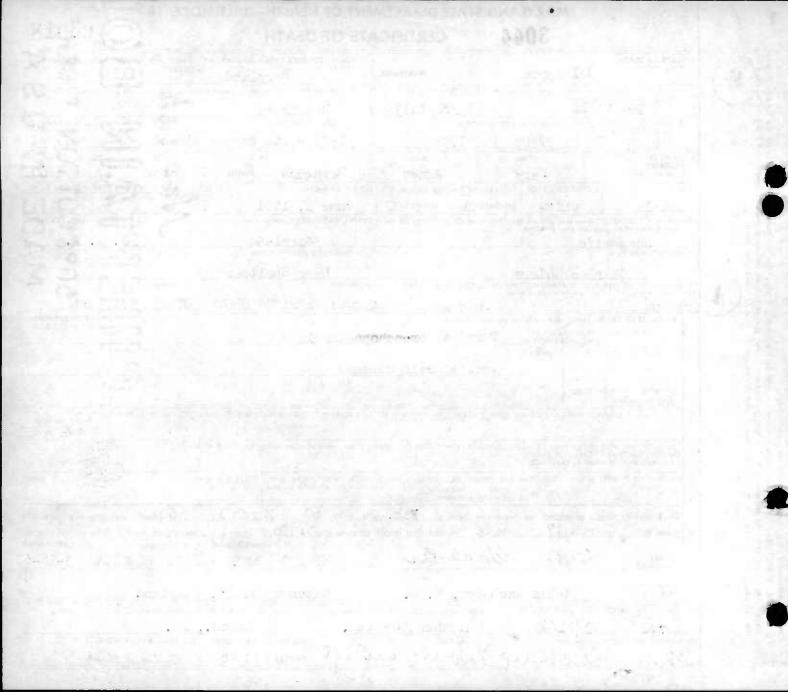
		2899 ME	DICA	L EXAMINER	'S CERTI	FICAT	E OF	DEATH	Reg. Di	st. No	()	3()1(
1.	PLACE OF DEATH c. COUNTY	MARYLAN	O STATE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore								
	and give nearest town	l outside corporate fimits, write Dundalk	RURAL	c. LENGTH OF STAY IN 18	-	r town (If Dunda]		porote limits, write	RURAL ond	give no	earest lov	rn)
		AL OR INSTITUTION ( 3402 Cornwa		pital, give street address) ad	d. STREET		Cornwa	11 Road			ON	SIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	SEBASTIAN	if .	Middle RE	MLEIN SR		4. DATE OF DEATH	March March	h 9	Day		60
	sex Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED D	8. DATE OF BIRTO		7	9. AGE (In years lost birthday) 72 yrs.	Months [	Doys	Hours	R 24 HRS. Min.
	o. USUAL OCCUPATION  during most of working  Retir  FATHER'S NAME		done 10b. K	IND OF BUSINESS OR INDU	Balt	imore,	Mary		12. CITIZ	ZEN OF	WHAT	OUNTRY?
		?	ocesa la c			lia Wh						
	n, no, or unknown)	ER IN U. S. ARMED FO Ilf yes, give war or dates of	service)	1 (0-(	Gordon L	. Reml	ein	3640 Ly		Ave	nue	
	The second second second	diote couse	A	or (o), (b), and (c), 1	- D15	eas	e				AL BETWEE	
CERTIFICATION	PART II, OTH	•	b. DESCRIBE	HOW INVIEW OCCUPATION	NOT RELATED TO				EN IN PART		PERFOR	UTOPSY MED?
MEDICAL CERT	PRIMARY   or COI CAUSE OF DEATH. 20c. TIME OF INJU Hour g. m. p. m.	RY Month, Day, Yec	20d. II While of wor	NJURY OCCURRED 20e. Proceed to the control of the c	ACE OF INJURY (	Home, form,	20f. (City		(Cour	nly)		(Slote)
	apinian death			emains described ab auses D. Accident		_	, Ir Iamicide	nspectian <b>(2)</b> , Undete	Inquiry ermined m	LJEL!	_	l in my
	EXAMINER'S NAME (Type)	M. B.	DAI	115 M.D.	ASSISTA	MEDICAL EX	L EXAMINE		3/8	3/6	00,	O. MED
L	REMOVAL (Specify) Burial	March 12.		22c. NAME OF CEMETERY C	R CREMATORY		Balti	More, Ma	yyland	-	(Stote)	
23.	Iilly & Z	eiler Inc.	1901	Eastern Ave			BY REGIST	100	STRAK'S SIGI			

Party and other epreval alaboril dide ale mair I adred i Limberton beautiful

MALDON CREEKS INC. LINE SERVICE AND THE

	14 8 4		CERTIFICATI	L OI DEATH
46	d leg	AFTEI	(Type of Print) WILLIAM RENSHAW	2. DATE OF 3/14/60
m	PEN.	SA	3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE C. Mo	4. USUAL RESIDENCE (Where deceased lived. If institution: residence  A. STATE  B. COUNTY  before admission
	NT	DAYS	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (INSTITUTION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and glv
	POINT h clear	2	6 704 GERMAN HILL RA	X Balturel 24 hed township
	ALL deat	EE (	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	BA	E	c. Length of stay in Baltimore Days  5. SEX 0   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH [9. AGE (In years) H Under 1 Year   H Under 24 Hours
7	ISE A	HIN THR	male white MARRIED (Specify)	8. DATE OF BIRTH  9. AGE (In years   M Under 1 Year   M Under 24 Hours   Min.
	T U	訓	10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	NOT the	WIT	JAMITOR 13. FATHER'S NAME	MAKYLNAD U.S.
-	e 0	TO !	IS. PAIRER'S NAME	14. MOTHER'S MAIDEN NAME
(	1	CORD	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	DUSANE HADREWS RICHMONDY
/	e ME	의	(Yes, no or uokoown) (If yes, give war or dates of service) SECURITY NO. 226-07-4088	SILAS T. REASNAM 4003 LAWSON ST
			18. CAUSE (	OF DEATH INTERVAL BETWEEN
	RMANENT RE OR BLUE-BL/ Physicians: ]		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	To a si a Children man Pul
	ANE BL BSic	F	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	tensing addoc vascular
	K OR BLUE- Physician	0	injury or complication which caused death.) DUE TO CALL	all larace Sceleroses
	ACK d.	SAU	_ 445 ANTECEDENT CAUSES	uc alcoholism
	ENT BLAC	UREA	Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	· -1 · L
		m	UNDERLYING CONDITION LAST.	me attures
	MANI	3	O L	
	r PERM carefu		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	- 61		DISEASE OR CONDITION CAUSING IT.  U IF OPERATION WAS RECATED TO 19A. DATE OF OPERATION 19	DB. CONDITION FOR WHICH OPERATION   20. AUTOPSY?
<b>D</b>	N Q	(a)	CAUSE OF DEATH, ENTER IN  PART I OR PART II  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ASPERFORMED VES NO
	20	<u>m</u>	WHILE AT NOT WHILE	
	SE TYPE, C	UST	22. I certify that (I) (this hospital) attended the decease	
	TY	M	, that (I) (we) last saw the	e deceased alive on much 1960
	PLEASE m of in		and that death occurred at	nd on the date stated above.
1	PLE	S∥.	Harry / Sulbert M.D. L	ADDRESS 23c. DATE SIGNED
	Pitem		ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	76 Careen at 3/15/60
	ery		TION, REMOVAL (Specify)	1 Pu C R
	Every	- E	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	311	2411	MAR 2 8 60 TRAR CITTURA & Trans	() T ()
				OFORGE J. BONCE 400/ (ITCHIE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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signed

DIRECTOR:

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VS A15 (4)

15M 9/5B

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per

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

3045 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE ///d. g. COUNTY Baltimore b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUPAL and give negrest town) arkvil d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 2221 Wilker Ave. e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO lker Hvenue NAME OF 4. DATE Middle Year DECEASED Roberts 60 March DEATH (Type or print) 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Haurs DIVORCED WIDOWED | male YES. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Penna. machinist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marie French John Roberts 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 211-10-Koberts same riede 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.) Hour a. m While Not while at work of work Parties 19 8 that I last saw the deceased 2000 1960 to 21. I certify that I ottended the deceased from.\_\_ \_, ond that death occurred at\_\_\_\_\_ olive an \_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. 8/00 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, tawn, or caunty) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Spegify) Duria 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR MAR 3 0 '60 DATE arthur & Krous

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MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18
3046 CERTIFIC	ATE OF DEATH  Reg. Dist. No. 32
1. PLACE OF DEATH  o. COUNTY  Baltimore County  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Mt. Wilson State Hospital	TOO DEVONSHIRE ROAD YES NO NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) MINNIE MARIE	ROPKA DEATH 3 - 8 - 1960
MONKHED INEVER MARKIED	8. DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	11-18-1880 70 yrs.
during most of working life, even if refired)	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
14 OUSFWIFE DOMESTIC	MARYLAND U.S.A.
1 / 1 i i i i i i i i i i i i i i i i i	14. MOTHER'S MAIDEN NAME
15 WAS DECEASED EVED IN 11 S ADMED EXPRESS 14 SOCIAL SECURITY AND 137	INFORMANT Address
(Yes, no. or unknown)   (If yes, give war or dates of service)	Hospital Records, Mt. Wilson State Hospital
PART I DEATH WAS CAUSED BY THAT I A TO COA TO	INTERVAL BETWEEN ONSET AND DEATH
	LIBERCULOSIS FAR ADVANCED 3 MONTH.
Conditions if one which )	
gove rise to immediate	
lying couse lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
AGRANULOCYTOSIS GEI	NERALL V AND UNSPECIFIED YES NO DO
200 ACCIDENT WAS LINDERLYING TO 206 DESCRIBE HOW INJURY OCCURS	ED. (Enter nature of injury in Port I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
While Not while at work of wark	octory, street, office bldg., etc.)
21. I certify that I attended the deceased from//	7-, 1960, to $3-8-$ , 1960, that I last saw the deceased
alive an $3-8-$ , 1960, and that deat	h occurred at 2.50 RM, from the causes and on the date stated above.
	ADDRESS (Street, city or town, state)  DATE SIGNED
SIGNATURE	Mt. Wilson, Maryland 3-8-60
PHYSICIAN'S Muremu	
	Spperintendent
REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, tawn, or caunty) (State)
2 9 19 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NATIONAL SUITLAND MD
(1) (1) (1) (1) A and VIII (2) (2)	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE AND 1 1 160 C-Think S. Krank
	TIP DATEGAD 1 1 160 Cathair S. Thanks
	1. PLACE OF DEATH  O. COUNTY  Baltimore County  B. CITY OR TOWN (If ourside corporate limits, write RRAH on give necessit fown)  Mt. Wilson Maryland  D. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  Mt. Wilson State Hospital  3. NAME OF First Middle  DECEASED (Type or print)  S. SEX  G. COLOR OR RACE  T. MARRIED   NEVER MARRIED    100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  DOMESTIC  13. FATHER'S NAME  WILL A M RES  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. B-SUBS  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CAUSE (o). Stoting the underlying couse lost.  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING   DUE TO  Lying couse lost.  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21. I certify that I attended the deceased from    OR CONTRIBUTING   CAUSE OF DEATH  ACCUAL SIGNATURE  PHYSICIAN'S   Margina    No Wille   Not while    Olive an   3    21. I certify that I attended the deceased from    Olive an   3    220. BURIAL CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY (REMOVAL (Specify))

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in by the funeral director, and 2 should be filed with

24 hours ofter deoth. Poge 4

D.F. RAL DIRECTOR: After Certificate has been signed by the attending physician and company pages 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event within 72 haurs after death. ottending physician.

PHYSICIAN: The low requires that the deoth certificate be executed within TO HOSPITAL OR ATTENDING retained by the hasping AAL DIRECTOR: After 7 OT

VR A15 (4) 15M 9/59

1. PLACE OF DEATH o. COUNTY  Baltimor	e		MARYLAN		usual RESIDENCE (\ a. STATE Maryland	Where decease	b. COUNTY		e before	admission)
	If outside corporate lim	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (I	f outside corp	orate limits, write R	URAL ond g	ive near	est town)
Fort How			22 Davs		Balt	imore	(29)		3	101.4
d. NAME OF HOSPI	TAL (If nat in haspital,	give street			d. STREET ADDRESS			dutte	е	IS RESIDENCE
Veterans	Administra	tion	Hospital		436 South	h Chape	el Gate L	ane		ON A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Mor	nth	Day	Yeor
(Type or print)	LOUIS				SACKS	OF DEATH	Mar	ch	8	1960
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lost birthdoy)		-	F UNDER 24 HR
Male	White	WIDOW	VED DIVORCED		une 14, 19	01	58 yrs.	Manins	Doys	mours Min.
10a. USUAL OCCUPATION	ON (Give kind af work king life, even if retired	done 10b	. KIND OF BUSINESS OR II	NDUSTR	Y 11. BIRTHPLACE (Sta	nte or foreign	country)	12. CITI2	EN OF	WHATCOUNTR
Salesman			lardware Stor	е	Norfolk,	Virgin	nia	U.	S.	Α.
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Harry B.	Sacks				Anna Cra	mer				
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFC			Add Add	Ttimo	ro 1	S MA
Yes	(If yes, give war or dates of		215-05-9117	Clir	.Rec.,Vet.	Adm. Hos	enital Et	Howar	od D	ivieion
	ATH   Enter only one co		ine for (o), (b), and (c).]	No. of the last			Sprour, to	- IIV W CL	INTER	VAL SETWEEN
PART I. DE	ATH WAS CAUSED BY:	TNE	ARCTION OF M	YOGA	RITTIM				ONSE	T AND DEATH
421			TO CORONARY						21	WEEKS
Conditions, if o	1/		, 10 GOTTOHITH	2111	OTDOOLD				-	MEGUO
gove rise to	immediate (	)	,							
lying couse last.	the under-									
		JOITIONS	CONTRIBUTING TO DEATH	I BLIT NO	OT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	VEN IN PART	1/01/19	WAS AUTOPS
1.Diabet			Pneumonitis	_			52 6511511161161		- 1	PERFORMED?
200 ACCIDENT W			SCRIBE HOW INJURY OCCI				ert II of item 18 \			IES [] NO [
PART II. OT  1. Diabet  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200. DE.	JCKIDE HOW HOOK! OCC	OKKLD.	ciner notice of injury i					
	RY Month, Day, Ye	or 20d.	INJURY OCCURRED 20	e. PLACI	OF INJURY (Home, fo	orm, 20f. (Cit	y or town)	(C	aunty)	(Stot
20c. TIME OF INJUIT	19	While	Not while	foctor	y, street, office bldg.,	etc.)				
				_		60	20 2 0			11
21. I certify the	at (I) (this hospito	l) atten	ded the deceased fro	om Fe	bruary-15	AM to	march o	, 1960	1, the	of (1) (we) la
saw the decea	sed alive on Mal	ca o	19 60 , and th	at dec	th accurred oz.	LUM, From	the causes ar	nd an the	dote	
2207SIGNATURE	0 06	0			ATTENDING _	MED.	STAFF PHYS. 🔀			22b. DATE SIGNI
22c. PHYSICIAN'S	Ced C.	fe	marej	M.I	22d. ADDRESS	DIRECTOR _	PHYS. L			3/8/60
NAME (Type)	GADTDAD TO	CONTR	47/00		4.37 (4.3)		0			
							18, MARYLA		HOW	ARD DIV
23a. BURIAL, CREMATIC REMOVAL (Specify	1 4 4-	OF	23c. NAME OF CEMETE	RY OR C	REMATORY	23d. LOCA	ATION (City, town,	or county)		(State)
Burial	3/9/60		Chizuk Amu	no C	emetery	Balti	more, Ma	rvland		
24. FUNERAL DIRECTOR	R'S SIGNATURE	60:	10 Relistersto	own :	Rd. #15 250. RE	C'D 8Y REGIS	TRAR 256. REG	STRAR'S SIG	NATURE	
Cal Tami	nan f. Donn		OLUBRUS BRUSSEN			MAR 1	1 60	arthur	8 %.	. 4 . 20

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235 193) \_\_\_\_\_EDW\_1148 \_\_\_\_\_ Potervine Edulariation democrate and agentic Care Dane The state of the s A P U Service Service U Service HALAS estonacións Mose with a regard of the first of the day and selected the first of the first of the selected t EXPONENT YEAR TO BE SHOULD BE STORY OF YEAR THE STATE OF YEAR THE STATE OF THE A. Marie and Marie and A. Presumptitio right lung Engle. Yes obs 1 depend in Oar of secondary is a property of the property of the secondary of the 7/7/60

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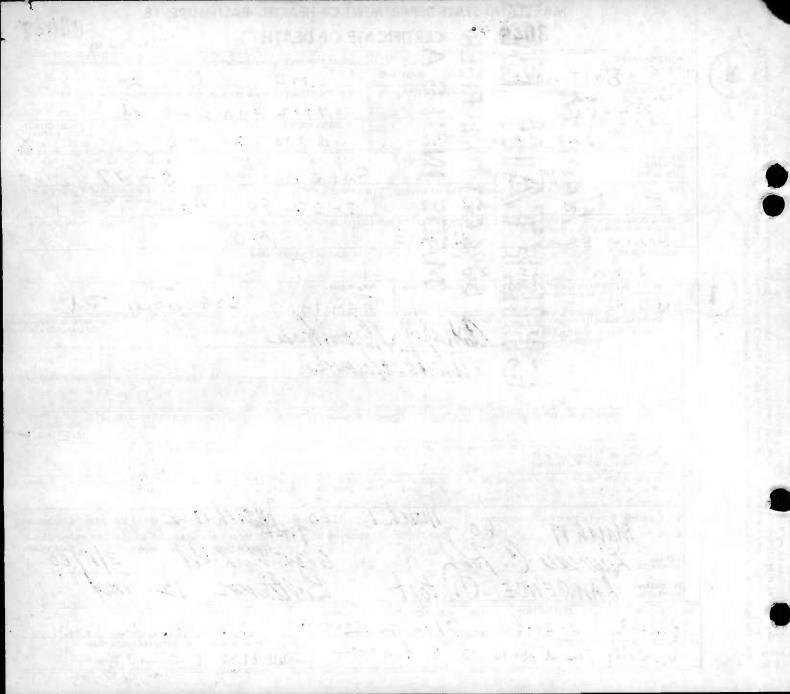
VS A15 (4) 15M 9/5B

ARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
3048	CERTIFICATE OF DEATH	R

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03022 Reg. Dist. No.

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1.	o. COUNTY	ett more	MARYLAND	2. USUAL RESIDENCE (V		If institution: Reside	nce befare admission)
	b. CITY OR TOWN (If a RURAL and give near	autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside carporate lin	nits, write RURAL and	give nearest tawn)
	Tows			4402	annep	his Rd	02X-2
	d. NAME OF HOSPITAL	L (If not in hospital, give street	t oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		629 S155e	+ Rd	Balto	25	MD	YES NO NO
	NAME OF DECEASED (Type ar print)	First MARY	Middle	SALEY	4. DATE OF DEATH	Month 3	Day Year 1960
5.	SEX	The same of the sa	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	birthday) Manths	R 1 YEAR IF UNDER 24 HRS Days Haurs Min.
10-	LISUAL OCCUPATION	WIDOW		3-2/-	10 7	yrs.	NATIONAL OF INVITATION AND INCIDENT
100	during most of working	I (Give kind af wark dane 10b g life, even if retired)	Jom E	JUSIKY III. BIRIHPLACE (STO	M C	12.01	TIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	GE	D A	14. MOTHER'S MAIDEN	NAME		
15.		IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	INFORMANT		Address	
10		yes, give war or dates of service)		FAMILY	- 629	Sigset	Rd.
		H [Enter anly one cause per I	ine (a) (b), and (c).]	10			INTERVAL BETWEEN ONSET AND DEATH
	PARI I, DEAIR	I WAS CAUSED BY: MMEDIATE CAUSE (a)	amany V	wommosk			
	420.	DUE TO	W. Tarkon	Lucas			
	Canditians, if any gave rise to imm		Menose	peroave			
	cause (a), stating the		A PART OF STREET				
7	lying cause last.	) (c)					
CATION		R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UI NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PA	PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M	UNDERLYING 20b. DES CAUSE OF DEATH EDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED. (Enter nature af injury i	in Part I ar Part II af i	tem 1B.)	
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	While		PLACE OF INJURY (Hame, for factory, street, affice bldg., a		(n)	(Caunty) (State
	21. I certify that	t I attended the decea	sed from Maril	1 1960 ta	MARCH 1	7 1960 that 1 1	ast saw the deceased
	alive an MAA	1 1-1	- 0 0	th accurred at 1:4	777		e date stated above
	11100	1	111	6 00		ty/or fown, state)	ALIO MATE SIGNED
	ACTUAL SIGNATURE	ureuce (.	Toch 1	M.D. 689~	york K	d	3/18/60
	PHYSICIAN'S NAME (Type)	AURENCE	C. fost	Bill	STANDER	12)	nd
220	BURIAL, CREMATION,	, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (	City, tawn, ar county)	(State)
	REMOVAL (Specify)	3-21-60	GLen B	a decen	Cohan	Runi	
23.	FUNERAL DIRECTOR'S		ADDRESS 2	240. RE	C'D BY REGISTRAR	24b. REGISTRAR'S S	IGNATURE
	McCully	Francial Homes	130 E. 707	DATEN	MAR 21 '60	arthur S.	trans



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH G. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  4 // 4/2 4/2	c. CITY OR TOWN (If of side corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  OR REGESTER ave	d. STREET ADDRESS 50/ Regester are e. IS RESIDENCE ON A FARM? YES \( \sigma \text{ NO } \text{NO } \text{ NO } \te
3. NAME OF DECEASED (Type or print) JOHN WESLEY	SAVAGE WATE Month Day Year DEATH MAN 11 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 DIVORCED DIVORCED	B. DATE OF BIRTH  and 15, 1898  9. AGE (In years left under 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if refreed).  Love heepar state for specific Returned.	STRY M. BIRTHPLACE (State or fareign country)  21 S a
George T. Levage	14. MOTHER'S MAIDER NAME Liscille Murphy
15. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL ECURITY NO. 17. III  (Yes, no. or unknown)  Yes  17. III  219-05-9644  M	w Roth B. Savage Same
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	Occlusion INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the under.  DUE TO  DUE TO  Hypertereselve  DUE TO	Cardioveredar Disease ArLEAST 5 YPS.
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES  NO P
OR CONTRIBUTING CAUSE OF DEATH OF CHIEF CAUSE OF DEATH OF CHIEF CAUSE OF DEATH OF CAUSE OF DEATH	D. (Enter noture of injury in Part I or Port II of item 18.)
	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (Caunty) (Stote)
21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased bive an 3/11 1960, and that a	death accurred at 22 M, from the causes and an the date stated above.
220 SIGNATURE Color & Cal Subland On	ATTENDING MED. STAFF PHYS.   22b. DATE SIGNED
NAME (Type) ROBERT W. GEBHARDT  230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	1211 NORTHERN TKWY 15 ALTO, 12, M)  ORTHREMATORY , 23d. LOCATION (City, town, or county) (State)
Bural (Spesify) Mar. 14, 1960 London ( 24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS	Pash Centey Baltimore, Ind
Henry W. Jenbins + Sons, Co. 4905 York	Road, DATEMAR 1 4'60 Circling S. Krawa

HYASO SOURIAD WATE Chroning Delucion Myset wife Tenter weeks Dearer There Emilian of the first of the state of the sta AND THE PROPERTY OF THE PROPER THE KLEET IN CHEMINATE 1211 HOUSEAU FRANCE IN A PLAN OF THE The state of the s The State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

retained by the hasping RAL DIRECTOR: After

TOF VR A1S (4) 1SM 9/S9

TO HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed within

3050

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03024

1. PLACE O	F DEATH	50.		MAR	YLAND 2	o. STATE	DENCE (When	re deceased live	ed. If institution b. COUNTY	Residence be	efare admissio	on)
		autside carporate lim	its, write	c. LENGTH OF STA	Y IN 1b							
d. NAMI 700 W	of Hospit.	AL (If not in hospital, AVe.	give street	address)	7	/ d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?  700 Walker Ave.  yes \( \) NO [						FARM?
3. NAME C DECEASI (Type or	ED	HELI	rst CN	Middl ELIZAB		Los CANLANI		4. DATE OF DEATH	Mant	10	,	eor 9 60
S. SEX		6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In lost birth								Manths Day	-	24 HRS. Min.
fema		white	WIDOWI			ar. 11,			58 yrs.			
during	occupation mast of work ewife	N (Give kind af wark ing life, even if retired	1)	at home	OR INDUSTRY	Md.	ACE (State ar	r fareign count	у)	12. CITIZEN	OF WHAT CO	DUNTRY?
13. FATHER	S NAME				3-11	4. MOTHER'S	MAIDEN NA	ME			9	
Walt	er P.	Mullineau				Sara	ah -	-				
S. WAS DE		R IN U. S. ARMED FO		SOCIAL SECURITY N	O. 17, INFO	RMANT			Addre	ess .		
no	iknownj	it yes, give wor or acres or	Service)	214-12-052	4 Mr	. Alonz	o H. S	Scanlan	d - 700	Walker	Ave.	
Q ave cause lying	20. Clitions, if ar rise to ir (a), stating cause lost.	the <u>under-</u> DUE TO  (ER SIGNIFICANT COM	D D C NDITIONS (	LEONTRIBUTING TO D	EATH BUT NO	OT RELATED TO	THE TERMIN	AL DISEASE CO	ONDITION GIVE	Heart I(o	19. WAS A PERFOR	MED?
(IF EITH	IER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY	OCCURRED. (	Enter nature a	f injury in Po	ort I ar Part II c	of item 18.)			
	AE OF INJUR laur a.m. p.m.	Y Manth, Day, Yo	While at war	NJURY OCCURRED Not while at work		OF INJURY (I y, street, affice		20f. (City ar	awn)	(Caun	ty)	(State)
saw † 22a sy		t (1) (this haspitated alive an 3	attend 2	ded the deceased 1960 and 1960		ATTENDING	d at 3 3% A	)S	Causes and	1960 I an the do	ate stated	
REMOVE		3/19/60	OF	23c. NAME OF CEA				Balto	I (City, tawn, a		(State	)
24, FUNERA	M. y	S SIGNATURE	19	ADDRESS -	Bat	617	250. REC'D	BY REGISTRAR		TRAR'S SIGNA		
				21.54	Me	d	of the					

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03025

2011					
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE		institution: Residence	e befare admission)
b. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town),	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits,	, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If nat in haspital, give street	address) zven Road	d. STREET ADDRESS	Haven Roa	ıd	e. IS RESIDENCE ON A FARM? YES NO 1
3. NAME OF DECEASED (Type or print) Margaret	Middle K.	Schavittic	4. DATE OF DEATH	Month	Day Year 18 1960
5. SEX   6. COLOR OR RACE   7. MARK Female   White   WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH February 27	9. AGE (1 last bir 1904 56		1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind af work done 10b. during most of working life, even if retired)  Housewife	KIND OF BUSINESS OR INDU	Maryland	1	12. CITIZ	S. A.
13. FATHER'S NAME GEORGE Filer		14. MOTHER'S MAIDEN N	C M .		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	Hnna (	· Marion	Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	nknown 7	oseph E. Care	408 A	Linwood	Ave. Balto.
1B. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ne for (a), (b), and (c).	matoris			INTERVAL BETWEEN ONSET AND DEATH MONTH
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b)					
PART II. OTHER SIGNIFICANT CONDITIONS					11(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II or item	n 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. I Hour a.m. While p. m. 19	Nat while	LACE OF INJURY (Home, farm actory, street, office bldg., etc	n, 20f. (City or town)	(0	ounty) (State
21. I certify that (I) (this hospital) attends saw the deceased alive on 18 Mar.		14 March 19 death occurred of 3 h	60, to 182 M, from the cou		d, that (I) (we) last dote stoted above
220. SIGNATURE Morris Rainess	m.D.		ED. STAFF		3-19-60
22c. PHYSICIAN'S NAME (Type) MORRIS RI	AINESS, M.	D. 1105 OLD	EASTERN	AVE.	ESSEX.21,1
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 3/22/60	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City Baltim	y, town, or county)	(State)
24. FUNERAL DIRECTOR'S SIGNATURE  John A. Moran 3000 E. 1	ADDRESS  Ralto St Balt	250. REC'	D BY REGISTRAR 2	56. REGISTRAR'S SIC	11

3 д 

			- 2	1
rage 4		TAL DIRECTOR: After in Certificate has been signed by the attending physician and camp.	ed with	
APPLAL OR ALLENDING APPLICAN: The law requires that the death certificate be executed within 44 haurs after death. Fage 4		uneral d	ld be fil	
s after		y the fu	2 shoul	
haur	_	in b	and	
וווווו 24			Pages 1	
uted wi		фше	pers. F	4
e exec		and co	ban pa	ar dant
ricate t		ysician	ave car	construct prior to busing promotion or removal and in any event within 72 hours often death
th certi		ding ph	nse rem	n 72 ho
ne ded		aften	en plec	it with
hai		y the	Ţ,	PVO
Ulres 1		gned t	permit	יום מוי
dw red	retained by the haspill, attending physician.	been si	fransit	Jan In
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CIAN	attend	rtifica	as the	an or
S	į	TAN CE	ar use o	rematic
NOING	e haspi	: After	ched fo	o loin
ALLE	by th	CTOR	deta	to h
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3			0	0

VS A1S (4) 1SM 9/SB

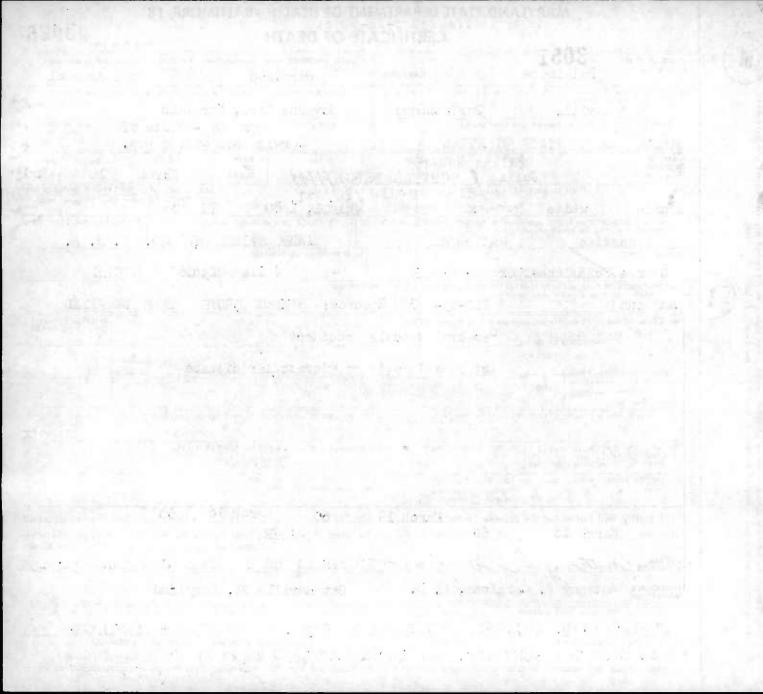
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

R

Reg. Dist. No. (13025

1.	PLACE OF DEATH a. COUNTY	3031				g. STATE	/
						Maryland Anne A	rundel
	<ul> <li>CITY OR TOWN (If RURAL and give ned</li> </ul>		Amen Arundel  Approve limit, write c. LENGTH OF STAT IN 16				
		sville		2yr7mth6dys	3	Severna ark, Maryland	02X-2
	d. NAME OF HOSPITAL	L (If nat in haspital, g	ive street	address)		d. STREET ADDRESS Box 409 - Route #2	
		OVE STATE	HO:	SPITAL		Norwich and Dundee Rds.	
3.	NAME OF	Fi	Alie	a WahaMiddle		Last 4. DATE Month D	lav Year
L	(Type ar print)	Ju			-	CRGE Weber Death March 1	6 19 60
S.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B.	JAN . 31 . last birthday) Manths Days	
	female	white	WIDOWI	ED DIVORCED			min.
10	during most of worki	N (Give kind af wark ong life, even if retired)	dane 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN C	F WHAT COUNTRY?
	housew			T HOME		XXXX BALTIMORE MD. U. S	. A.
13.	FATHER'S NAME						
1	George XS	KNAMENKAD	eex	WHIPPLE		Julia XWOXXXXXXX NAGLE	
13	WAS DECEASED EVER			SOCIAL SECURITY NO.	INF	ORMANT Address	
17	unknown) (II	t yes, give war or dates of se		213-03-9870	Rec	cords: SPRING GROVE STATE HOSP	ITAL
栏	18. CAUSE OF DEAT	TH [Enter anly one ca	use per li	ne for (a), (b), and (c).		lin'	TERVAL BETWEEN
	PART I, DEAT	H WAS CAUSED BY:	C,		cular	r accident	ISET AND DEATH
	422	IMMEDIATE CAUSE (a)	)	3203202 103			
	7000,		Δ	mtarias alem	ntic	cardiovascular disease	
	Canditions, if an	mediate		ferro creic	OUTC	Calulovasculai disease	
	cause (a), stating th	DITETO					
17	lying cause last.						
É	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
\S							YES NO
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	☐ CAUSE OF DEATH !	20b. DES	CRIBE HOW INJURY OCC	CURRED.	(Enter nature of injury in Part I ar Part II af item 1B.)	
MEDICAL		Manth, Day, Yea	or 20d. II	NJURY OCCURRED 2	20e. PLAC	E OF INJURY (Hame, farm,   20f. (City or town) (County	(State)
(ED)	Haur a.m. p.m.	19			facto	ry, street, affice bldg., etc.)	
2			-	3	ז ר'	60 March 1660.	
	1. 3/	/				, 17.90, 10, 19.5, fndf / ldsf sd	w the deceased
	alive an	rch 16	, 19	<u>DU</u> , and that o	death o		
	1		2 0	n.			DATE SIGNED
	SIGNATURE CM	thony s	. 15	Larofano	M.	D. SPRING GROVE STATE HOSPITAL	3-16-60
	PHYSICIAN'S AME (Type)	thony S. G	araf	ano, M. D.		Catonsville 28, Maryland	
22	BURIAL, CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEMET	ERY OR	CREMATORY 22d. LOCATION (City, town, or county)	(State)
	REMOVAL (Specify)	MAR. 19	.196	MOUNT	OLT	VET CEM BALTIMORE MARYL	AND
23.	FUNERAL DIRECTOR'S	SIGNATURE				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	URE
	HENRY SAN	IDER & SO	NS I	INC. BALTI	MOR	and the same of the same	Kraus



03027

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 _				

Reg. Dist. No.

1. PLACE OF DEATH					USUAL RESIDI	NCE (W	here deceased	d lived. If institut		ce before ac	dmission)
Bal	timore		MARYLAND	,	Ma	rvla	nd			Ltimor	e
b. CITY OR TOWN (	If autside carporate lim	its, write	c. LENGTH OF STAY IN 18	·	c. CITY OR TO	WN (If	outside corpo	rate limits, write l	RURAL ond g	ive nearest	town)
RURAL and give n	ry Hall			X		rry					
d. NAME OF HOSPI	TAL (If nat in haspital, g	ive street	oddress)	1	d. STREET AD					e. IS	RESIDENCE
OR INSTITUTION Cros	ss Road			1	Cr	oss	Road			0	N A FARM?
3. NAME OF DECEASED	Fi	st	Middle		Last		4. DATE	Moi	-	Day	Year
(Type or print)	John				hott (	S-ot	DEATH	March	18		1960
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. D.	TE OF BIRTH		- X	9. AGE (In years lost birthday)	IF UNDER	YEAR IF U	NDER 24 HE
26-7	The second second	WIDOWE			2 1. 70	d1/	1007	76 yrs.		Days Ho	urs Min.
Male	White	1	72 -	LICTRY	Z-U-AD	OU.	1883			ZENLOE VAVA	AT COUNTRY
during most of wor	king life, even if retired	done lub.	KIND OF BUSINESS OR IN	JUSIKT	II. BIKIHPLA	CE (State	ar toreign co	ountry)	12. C1112	CEN OF WH	AT COUNTR
Farmer			Own Farm		Balt	0	Md.		U.	S.A.	
3. FATHER'S NAME				14	. MOTHER'S A			•			
	ph Schott						U	nknown			
5. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFOR	MANT			Ado	iress		
No	(17 ) 53 ) (17 ) 17 ) 17 (17 )		214-40-9253	Cha	rles S	chot	t	Cross Ro	ad Per	rry Ha	ll M
Conditions, if of gove rise to it couse (a), stating lying couse lost.	mmediote (	) H;	erebral Hem			eri	oscle	rosis		Yr	g
S	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH B	UT NOT	RELATED TO	HETERM	INAL DISEAS	E CONDITION GI	VEN IN PART	PE	AS AUTOPS REORMED?
(IF EITHER, NOTIFY	AS UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Er	iter noture of	injury in	Part I or Por	t II af item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	RY Manth, Day, Ye	While	NJURY OCCURRED 20e. Nat while at work	PLACE ( foctory,	OF INJURY (H street, office	ome, farn oldg., etc	n, 20f. (City	ar tawn)	(C	aunty)	(Stat
21. I certify th	nat I attended the	decease	ed fram. Nov		19 59	ta (	death	19	that I la	st. saw th	e 'decease
	Jan 28	19	/ ^								
31110 311	/.	- 0	7 and mai dec	iiii ucc	orred di_			rne causes ar treet, city or town,			DATE SIGNI
ACTUAL A	9	101									ATE SIGNI
SIGNATURE	corp. W.	Lele	ellero	M.D.	9660	Be	lair	Rd Balt	0 6 N	Id 3	/21/8
/	/										//
PHYSICIAN'S NAME (Type)	TENDOR TO	ווות	DDG M D		0660	De-	loda	הם הם	da d' c = -	/	37.2
	EORGE D.		RDS, M.D.			DO.	18-1.P	Rd, Bal	<b>Limor</b>		
2a. BURIAL, CREMATIC REMOVAL (Specify)		)F	22c. NAME OF CEMETERY	OR CRI	MATORY		22d. LOCAT	TION (City, tawn,	or caunty)		(Stote)
Birial	3-22-60		St. Joseph	Ceme	at.emr		Balt	o. Md.			
3. FUNERAL DIRECTOR	'S SIGNATURE	18	ADDRESS A	J CHIL		An PEC	D BY REGIST		ISTRAR'S SIG	NATURE	
Jamak	a Fran 11/	Long.	7401 Kelly	1 1		N	AR 23	60	when &	10	
- Concor	1 emily	DAN	1011 1000	1		DATE			1 20.	, , , , , , , , ,	

I in by the funeral director, and 2 should be filed with 24 hours after death. Page 4 PHYSICIAN: The law requires that the death certificate be executed within I retained by the haspiner attending physician.

D. FLACRAL DIRECTOR: After the certificate has been signed by the attending physician and camp page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers: the registror prior to buriol, cremation, or remavol, and in any event within 72 hours after faeth. TO HOSPITAL OR ATTENDING TO F

VS A15 (4) 15M 9/58

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Language Language Varie Language Langua		6	er. 001.1		
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The state of the s					
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The state of the s	Man but de or less to				
		-12 Lot 0336	. 4	. 1. 10 010	
	The party country of the	I a series			Infras.

FOR STATE HEALTH DEPT.

v delay is necessary, please uneral director. Page ained for your files: te State Baard of Health, er death. FPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to 1 funerally be farwarded to 1. In the Medical Examiner's Office along with form PM3. Page 5 to 1 funerally be farwarded to 1. In the Medical Examiner's Office along with form PM3. Page 5 to 1 funerally Constant DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State its designated agent, prior to burial, cremation, or removal, and in any event within 78 hours after death. to DEPUTY MEDICAL EXAMINER:

ex the certificate, writing

4 d be forwarded to it

TO FONERAL DIRECTOR: Page 3 si

ŏ VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2901

03028

Reg. Dist. No.

1. PLACE OF DEATH	altimore	MARYLAND	G STATE BE	E (Where deceased lived.		dence before admission)
b. CITY OR TOWN (III	outside corporate limits, write RUI	c. LENGTH OF STAY IN 16 40 yrs.	53 Dunds	(If autside corparate lin	nits, write RURAL ar	nd give nearest town)
	St. Mon1	ot in hospitol, give street oddress)  Ca. Drive	d. STREET ADDRES	St. Monic	a Drive	IS RESIDENCE     ON A FARM?     YES    N
3. NAME OF DECEASED (Type or print)	First Anna	Matilda S	schriver	4. DATE OF DEATH	March March	6 <sub>9</sub> . Yeor
Female	7.77 0 1	MARRIED   NEVER MARRIED	B. DATE OF BIRTH August 7,	1885 74	In years IFUNDE Holay) Months yrs.	R TYEAR IF UNDER 24 HRS.  Days Haurs Min.
10a. USUAL OCCUPATION during most of working	ON (Give kind of work done of the control of the co	10b. KIND OF BUSINESS OR INDUS	Maryla Maryla			TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	orge Brown		14. MOTHER'S MAIDE Ame 11	n NAME a Finke		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE Ill yes, give war or dates of service None	re)	informant orge Schr	iver 7955	Address St. Mon	nica Drive 2
Candilions, if a gave rise to immer (a), stating the cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Iny, which diote cause underlying (c)  (c)	ONS CONTRIBUTING TO DEATH BUT	Colusi		TION GIVEN IN PA	INTERVAL BETYPEN ONS! AND CEATH  CONSTRUCTION ONS AUTOPSY PERFORMED?
opinion death	NTRIBUTING   RY Month, Day, Year 19 not I took charge of	20d. INJURY OCCURRED 20e. PU While of work of	ACE OF INJURY (Home, follow, street, affice bldg., ove, held an Auto	psy , Inspection Homicide ,	(Co	ounly) (State)
EXAMINERS NAME (Type)	Jack Col	lins, M.D.	ASSISTANT MEI	DICAL EXAMINER AL EXAMINER		3.8-60
	1960. Bur1		R CREMATORY	22d. LOCATION (Cit	and the second second	Md • .
John J.		ADDRESS Vise Ave. 22.			46. REGISTRAR'S SI Chilhun S.	4.4

STATE NOT

## HART AND STATE DEPARTMENT OF MEAST HARACKE, TO

Deg. Diet. No. A. HELLAL RESIDERED HORES OF ORGINARD AND RESIDENCE TO A CONTROL OF STREET AND AND ADDRESS OF THE STREET MATRICION. Name of the public of the price of 12/2/2014 CHINES, IL SI HE NAVE REPORTED SAME LOS father the article of the father and article of the father of the father and article father are also a I DURANTE OF CONCENSION CHECKY EXABING TO DIATE 160 0 1 110 THEA TO CONDITIONS IN ANY 10 - 204 Adds Jam 18704 TO HEROSO YOUR AT I must hart limb should Titled up hid Carrier Acres to ADDRESS SHOOL BY HIM, CO. DATE STORES

5.71

TO F VS A15 (4) 15M 10/57 H

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3054

# CERTIFICATE OF DEATH

03030

		CERTIFICA	TIE OI DEATI		Reg. Dist. No.
PLACE OF DEATH     O. COUNTY	BeHimor	e MARYLAND	o. STATE	b. COUNTY	on: Residence before admission)  Baltimore
		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write R	URAL and give nearest town)
		The	X Full	lerton R.D.,	
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, give s N		S.I.	oreley	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	James First			OF	
5. SEX			B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	
10a. USUAL OCCUPA during most of w	TION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole		12. CITIZEN OF WHAT COUNTRY
		Home Construct	ion M Ma	rvland	U.S.A
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
	Unknown		Sa	rah Sconion	
15. WAS DECEASED E		16. SOCIAL SECURITY NO. 17.			ress
no			George Dors	ev Fulle	erton Maryland
18. CAUSE OF D	EATH [Enter only one couse p	per line for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY:	Corchrovsse	JIZT ALL	ident	ONSET AND DEATH
1/20		C.C. 21 VV-			
Condition if	Ann autist \	Axteria 61.10	rotio Carl	in valcular 1	2:42
	immediate	11110000	100000	10 1030001 16	7,300
	ig me under-				DATE OF THE SECOND
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CATIO		ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	PERFORMED?
	WAS UNDERLYING [] 20b. NG [] CAUSE OF DEATH FY MEDICAL EXAMINER}	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	ort I or Port II of item 18.)	
20c. TIME OF INJU Hour o. m p. m	1. 10 W	/hile Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or town)	(County) (Stole)
21. I certify	that I attended the dec	eased fram	1258 to M	arch 23 1960	that I last saw the decease
S. CITY OR TOWNs       consider corporate limits, write   c. LENGTH OF STAY IN 16   S. CLITY OR TOWNs       considerat lown)    Fullerton R.D.,  d. NAME OF HOSPITAL					
	1 1			ADDRESS (Street, city or town,	stole) DATE SIGNE
	Villiam a.	lyson	M.D. Kingsu	ille ma	3-23-60
	William A. T	yson	Kingsy	ille Maryla	and.
220. BURIAL, CREMAT	ION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county) (State)
/Burial	Mar. 277196	Ashury		Lorelev Ba	lto. Maryland.
23 FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS	24a. REC'E		
MANAGE	NILLEON.	Abingdon.M	arvland.	MAR 2 9 '60	arthur & H

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e. IS RESIDENCE ON A FARM? YES NO

Year

IF UNDER 24 HRS.

Hours

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

5 min.

PERFORMED? YES 🗀

DATE SIGNED

Monkton Md.

24b. REGISTRAR'S SIGNATURE

arthur & Kraels

240. REC'D BY REGISTRAR MAR 2 1 '60

DATE

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(Stote)

Days

19 60

b. COUNTY Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) IF UNDER TYEAR Months 12. CITIZEN OF WHAT COUNTRY? gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY OF OCONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) eating, the deceased choked and died promotly 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) 20f. (City or town) Month, Day, Year 20c. TIME OF INJURY Not while 18/609 of work of work Monkton . Bal to . . Mil Home 21. I certify that I taak charge of the remains described above, held an Autapsy \_\_\_\_, Inspection \_\_\_\_, Inquiry \_\_\_\_, and find that death resulted fram: Natural causes \_\_\_, Accident \_\_\_, Suicide \_\_\_, Hamicide \_\_\_, Undetermined cause \_\_\_ rauce ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) A. M. France 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)

James

ADDRESS

VS. A15ME(5) 5M 9/55

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23. FUNERAL DIRECTOR'S SIGNATURE

William

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		CERTIFICA	ALE OF DEATH		Reg. Dist. No.	
1.	PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marylo	/ b COUNTY	on: Residence before admiss Baltimore	
	b. CITY OR TOWN (If autside corporate limits, wri RURAL ond give <del>ye</del> arest town) IOWSON	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside 55 Towsor)	de corporate limits, write RU Z	JRAL and give nearest tawn	1)
	d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION 8000 Ridgel	eet address) y Oak Road	1 d. STREET ADDRESS 8000 Ridge	ely Oak Roa	e. IS RES ON A YES	FARM?
	NAME OF DECEASED (Type or print) Mrs. Mamie		Shaw	DATE Mont OF DEATH Mar	ch 8th	Year 19 60
	temale white wind	ARRIED NEVER MARRIED DWED X DIVORCED	June 6, 1878	lost birthdoy) yrs.	Months Days Hours	Min.
	P. USUAL OCCUPATION (Give kind of work done I during most of working life, even if retired)  Housewife	06. KIND OF BUSINESS OR INDU	Maryland		12. CITIZEN OF WHAT O	:OUNTRY?
	FATHER'S NAME	Wyatt	14. MOTHER'S MAIDEN NAM	High High		
	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	A :	nformant r. Roland Fi	sher 8000 R		Roa
	18. CAUSE OF DEATH [Enter only one couse por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o.)	r line for (o), (b), and (c).]	ic Heart D	iscase,1	NITAS YEAR	DEATH
	Canditians, if ony, which gave rise to immediate cause (a), stating the <u>under-lying</u> couse last.	Congestive	Heart,	Failure		
CATION	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS PERFO	DRMED?
L CERTIFI	200. ACCIDENT WAS UNDERLYING ADD. I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	I or Port II of item 1B.)		
MEDICAL	Haur a.m. WI	d. INJURY OCCURRED 20e. PL hile Not while work at work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
	21. I certify that I attended the decorative an Mar 2	10	ADD	fram the causes and PRESS (Street, city or town, wen Blvd.		d abave. TE SIGNED
	PHYSICIAN'S Charles E. Shaw,	M.D.	Baltimore 12	***************************************		
	DEBURIAL, CREMATION, 22b. DATE THEREOF SURVIVOR (Specify) 3/11/60	Druid Ridg	re (emetery	Battimore	, Md.	(e)
23.	FUNERAL DIRECTOR'S SIGNATURE	Handand Road	240. REC'D BY		STRAR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within may retained by the haspiter attending physician.

TO FULLEXAL DIRECTOR: After its certificate has been signed by the attending physician and compage 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Page the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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### CERTIFICATE OF DEATH

1,4282 Reg. Dist. No.

	000							Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	rech 1	1			2. USUAL RESIDENCE (Who	ere deceased	d lived. If institution	on: Residence	before adn	nission)
	Baltimore		MARY	LAND	Mary 1	and	D. COUNT	Anne I	lrune.	1
b. CITY OR TOWN RURAL ond give r	(If outside corporate limi nearest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or	utside corpo	rote limits, write RL	JRAL ond giv	e nearest to	own)
Catons	1 10 15	2	yr7mthl2dy	S	Brookly	m, Ma	ryLand		02:	502
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street or	ddress)		d. STREET ADDRESS					RESIDENCE
SPRING GR	OVE STATE	HOSP:	ITAL		115 A	udrey	Avenue			□ NO □
3. NAME OF DECEASED (Type or print)	Fir Bert		Middle Jeanne	tte	Severn	4. DATE OF DEATH	March	ħ	Day 28	Yeor 1960
5. SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIE	D D	B. DATE OF BIRTH			IF UNDER 1	-	
female	white	WIDOWED			Jan. 10, 188	37	lost birthdoy) 73 yrs.	Months Do	ays Hou	rs Min.
10a. USUAL OCCUPATI	rking life, even if retired	lone 10b. K	IND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (Stote of Mary 1	or foreign co	ountry)		S. A.	T COUNTRY?
13. FATHER'S NAME	10 m. 1 2				14. MOTHER'S MAIDEN N	AME				
XXXXXXXX	Gischel, Wi	lliam			?	Har	mon			
1S. WAS DECEASED EV	ER IN U. S. ARMED FOR		OCIAL SECURITY NO.	. 11	FORMANT	134	Addre	ess		
no	(is year, give war or adies of a		nknown	Rec	ords: SPRING	GRO	VE STATE	HOST	PITAL	
18. CAUSE OF DE	ATH [Enter only one co	use per line	for (o), (b), and (c).						INTERVAL	BETWEEN
PART I. DE	ATH WAS CAUSED BY:	Co	ngestive h	nen rit	failure				ONSET AN	ND DEATH
1/27	IMMEDIATE CAUSE (o		***	1001	J LALLAIG					
Holox	, ,	Δ	rtaricalar	antic	cardiovascul	1000 35	00000	0.33		
Conditions, if a	immediate (		I oci abciei	. 0 010	car drovascu.	Lar u	raegae			
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lying couse lost	- / (c		NATED TO DE	TAL DUT	107 BELLTED TO THE TERMIN	ALL DISEAS				C ALITORCY
PART II. OT	HER SIGNIFICANT CON				NOT RELATED TO THE TERMIN			EN IN PARI I	PER	REORMED?
2					ic nephroscle				YES	NO 🗆
(IF EITHER, NOTIFY	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCI	KIBE HOW INJURY OF	CCURRED	. (Enter noture of injury in P	ort I or Por	f II of item IB.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yes		JURY OCCURRED	20e. PLA	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City	or town)	(Cou	unty)	(Stote)
Hour o.m.	19	While of work	Not while ot work	100	lory, street, office blug., etc.,					
	hat I attended the	decease	d fram Au	g. I	6 1057 10	March	28, 19 69	Lat 1 last		d
	rch 28	10 6	0 11 0111		accurred at 7:30a					
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ACTUAL	Sto00 - 6/	a oli	1.							. 0 .
SIGNATURE	- reach v	10-00	uv	^	A.D. SPRING G	ROVE	STATE H	HOSPITI	AL 3.	-28-60
PHYSICIAN'S NAME (Type)	Stella Wach	sler,	M. D.		Catonsvil	le 28	, Marylar	nd		
	ON, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY OR	CREMATORY	22d. LOCAT	TION (City, town, o	r county)	(S	itote)
REMOVAL (Specify Burial	March 30	,160	Cedar Hi	11 (	Cemetery	Anne	Arundel	Co.	Marvl	and
23. FUNERAL DIRECTO			ADDRESS			BY REGIST		TRAR'S SIGN		
Mone -	Gomo, 4	1001	Ritedia	- 1	DATE A	PR 5	'60	Lithur &	Kraus	

TO HOSEITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may elabined by the hospital attending physician.

TO FULL AL DIRECTOR: After the entificate has been signed by the ottending physician and cample the formula director.

To FULL AL DIRECTOR: After the entificate has been signed by the ottending physician and cample the formula director. in by the funeral director, and 2 should by filed with may etoined by the hospite attending physician. **5 FULL AL DIRECTOR:** After the certificate hos been signed by the ottending physician and cample page 3 shauld be detached for use as the burial-transit permit. Then please remave corban papers, the registrar prior to buriol, cremation, or remaval, and in any event within 72 hydrs offer death.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

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	D. PLACE OF DEATH O. COUNTY BALTI	MORE		JAL RESIDENCE (When	re deceased lived. If institution (LAND)	: Residence before adm	nission)
	b. CITY OR TOWN (If outside corporo RURAL and give nearest town)				tside corporate limits, write RU	RAL and give nearest to	wn)
	COCKEYSUIL		-8MO.	IJALT	1MORE ,	2 3VC	01.4
	d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION NAME OF HOSPITAL (If not in hosp		d.	STREET ADDRESS 4404	VESTA A	ON	RESIDENCE I A FARM?
	3. NAME OF DECEASED (Type or print)	First FLEN	C. SH	EETS	4. DATE Month OF DEATH MAR	2	Year 19 6 C
	S. SEX 6. COLOR OR I	RACE 7. MARRIED NEVER I	MARRIED 8. DATE	OF BIRTH 7. 7. 18		Months Days Hour	
	10a. USUAL OCCUPATION (Give kind of during most of working life, even if r HCUSE WIFE	work done 10b. KIND OF BUSIN etired)	NESS OR INDUSTRY 11	MARY L		12. CITIZEN OF WHA	_
	13. FATHER'S NAME		14. A	OTHER'S MAIDEN NA			
	HENRY MI	PRTIN		200151	a KIMLE	17	1-1-5
1	15. WAS DECEASED EVER IN U. S. ARMEI Yes, no, ar unknown) (If yes, give war or do		TY NO. 17. INFORMA		with fr. Coth	Egwille.	med.
-	1B. CAUSE OF DEATH [Enter only of	one couse per line for (o), (b), or	nd (c).]		.1,	INTERVAL ONSET AN	
	PART I. DEATH WAS CAUSED	USE (0) Calharel	Vaseu	low are	cutint	ONSET AN	AD DEATH
	7/ 5 14		mis action	e Alexante	Cudio Versallan a	Ruin 54x	du.
	couse (a), stoting the <u>under-lying couse lost.</u>	UE TO Deanel	te				
)	• .	T CONDITIONS CONTRIBUTING .	TO DEATH BUT NOT RE	LATED TO THE TERMIN	al disease condition give	PER	FORMED?
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH NER) 206. DESCRIBE HOW INJ	URY OCCURRED. (Ente	noture of injury in Po	ort ! or Port II of item 18.)		
-	20c. TIME OF INJURY Month, Doy Hour o. m. p. m.	7, Year 20d. INJURY OCCURRI While Not while of work 0 of work	foctory, str	INJURY (Home, farm, eet, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
	21. I certify that (I) (this has saw the deceased alive an				, ta 3-27	, 1960, that (I)	
	220. SIGNATURE Nath	T. Iles	A		STAFF PHYS.		22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) WAL	TER T. KE	ES	ed. ADDRESS COCK	EYSUILLE	MD	
	23a. BURIAL, CREMATION, 23b. DATE T BURDAL (Specify) 3-30-		F CEMETERY OR CREM Ridge Ceme		23d. LOCATION (City, town, or Pikesville		itote)
	24. FUNERAL DIRECTOR'S SIGNATURE William Cook, Inc.	, 1217 St. Pau	1 Street		BY REGISTRAR 2Sb. REGIST	TRAR'S SIGNATURE	311

DATE MAR 2 9 '60

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DELECAL DIRECTOR: After the Certificate has been signed by the attending physician and camp page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO FL VR A1S (4) 1SM 9/59

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Maryland b. COUNTY MARYLAND Baltimore b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give neorest town)
Fort Howard Days Baltimore d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Veterans Administration Hospital 856 W. Pratt Street YES NO First Middle 4. DATE Month Year DECEASED HENRY DEATH 1960 (Type or print) March SHINHOL SER IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 50 (In year 9. AGE (In years Male White Manths Days December 9,1905 DIVORCED A WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Chauffeur Taxi-cab Brinson, Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur C. Shinholser Hattie Avant 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes 264-01-2232 Clinical Records. VAH. Balto. 18, Md. Ft. Howard Div. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUBACUTE BACTERIAL ENDOCARDITIS OF THE AORTIC unknown XXXXX VALVE Unknown HYPERTROPHY AND DILATATION OF THE HEART Conditions, if ony, which gave rise to immediate DIVEXTION cause (a), stating the under-EDEMA OF THE LUNGS 1 WEEK lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (State) factory, street, affice bldg., etc.) While Nat while of work of work 1960 , that / (we) last 21. I certify that (I) (this haspital) attended the deceased fram February 1 . 150 . taMarch 7. say the deceased alive an March 7 .19.60, and that death accurred at 5:00 from the causes and an the date stated above 224 SIGNATURE SIGNED PHYS M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS GONZALEZ 23a. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar county) (State) REMOVAL (Specify) 3-9-60 Riverside Mem. Pk. Cem. Remova. Jacksonville, Florida 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR arthur & Krous Wm. Cook-Blight, Inc. 6009 Harford Rd. Balto, 14, Md.

Shipped to: Hardage & Sons, 517 Park St., Jacksonville, Fla.

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**CERTIFICATE OF DEATH** 

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PLACE OF DEATH o. COUNTY				The second secon	leg. Dist. No	l.	
Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryla		If institution: COUNTY	Residence befo	ore admissi	ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limi	ts, write RUR	AL and give ne	arest town	1)
Catonsville	lyrlmth2dys	Baltimore			3 V	11,4	-
d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	address)	d. STREET ADDRESS	97-1-1-1		100	e. IS RESI	IDENCE FARM?
	PITAL	1115 Pine	Heights .	Avenue	100		NO [
NAME OF First DECEASED (Type or print)  Anthony (1)	Antanas) (Seme		I. DATE OF DEATH	Month March	18	,	Yeor 19 60
SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED B.	DATE OF BIRTH	9. AGE		UNDER 1 YEAR	1	
male   white   widows	D IVORCED	August 24, 1	904	ojrthdoy) A	Months Doys	Hours	Min.
o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or	foreign country)		12. CITIZEN O	FWHATC	OUNTR
laborer	maintenance	Lithuania			Lith	uania	3.
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		,		
Felks Semenas		Emil	.ja Semen	as			
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. INF	FORMANT		Address			
es, no. or unknown) UNKNOWN (If yes, give wor or dates of service)	unknown I	Records: SPRI	ING GROV	E STA	TE HO	SPITA	T.
18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).]				INT	ERVAL BET	TWEEN
PART I. DEATH WAS CAUSED BY:	rebrovascular a	coident			ON	SET AND	DEATH
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gove rise to immediate	eneralized arte	rlosclerosis					
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lying couse lost. (c)	ONITRIBUITING TO OFATURUITA	OT BELLTED TO THE TERMIN	AL DISSAGE COND	ASVIOLACINE	1 (b) DADT 1(.)	7D \4/4C A	
PART 11. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINA	AL DISEASE COND	ITION GIVEN	IN PART I(0)	PERFOI	LITORG
						YES 🗌	RMED?
PART II. OTHER SIGNIFICANT CONDITIONS C  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	rt I or Port II of ite	em 1B.)			RMED?
	NJURY OCCURRED 20e. PLAC	(Enter noture of injury in Po EE OF INJURY (Home, farm, ory, street, office bldg., etc.)			(County)	YES	RMED?
20c. TIME OF INJURY Month, Doy, Yeor 20d. IN Hour o. m. While	NJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, pry, street, office bldg., etc.)	20f. (City or town	)		YES 🗌	RMED? NO
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 While of work  21. I certify that I attended the decease	NJURY OCCURRED 20e. PLACE footo	E OF INJURY (Home, farm, pry, street, office bldg., etc.)	20f. (City or town	) , 19 <u>6</u> 0h	at I last sa	YES	(Stot
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 While of work  21. I certify that I attended the decease	NJURY OCCURRED 20e. PLACE footo	E OF INJURY (Home, farm, pry, street, office bldg., etc.) , 19	20f. (City or town arch 18	) , 19_60h uses and	at I last sa	YES	(Stot
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 While of work  21. I certify that I attended the decease	NJURY OCCURRED 20e. PLACE footo	TE OF INJURY (Home, farm, bry, street, office bldg., etc.)	20f. (City or town	, 19 <u>6</u> Qh uses and v or town, sta	at I last sa	w the de	(Stot
20c. TIME OF INJURY Month, Doy, Yeor 20d. IN White of work  21. I certify that I attended the decease alive an March 18 , 19 6	JURY OCCURRED Not while foctor of work   20e. PLAC foctor foctor foctor ed from Feb. 16  O, and that death of	TE OF INJURY (Home, farm, bry, street, office bldg., etc.)	20f. (City or town  arch 18  , fram the co	, 19 60h uses and v or town, stc TE HO	at I last sa an the date of e) SPITAL	w the de	(Stot
20c. TIME OF INJURY Month, Doy, Yeor 20d. IN Hour o. m. 19 While of work  21. I certify that I attended the decease alive an March 18 , 196	JURY OCCURRED Not while foctor of work   20e. PLAC foctor foctor foctor ed from Feb. 16  O, and that death of	TE OF INJURY (Home, farm, bry, street, office bldg., etc.)  19 59, ta Naccurred at 11:00t  BY ALL  Catonsvil	20f. (City or town  arch 18  , fram the co	, 19 60h uses and v or town, sto TE HO	at I last sa an the date te) SPITAL	w the de	(Stotal above E SIGNE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ertificate has been signed by the attending physician and comp page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon the registror prior to buriol, crematian, or remaval, and in any event within 72 haurs after dy EXAL DIRECTOR: After this TO FU VS A15 (4) 1SM 9/SB

24 haurs after death. Poge 4

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO FU

VS A1S (4) 1SM 9/SB

24 haurs after death. Page 4

3062

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Ba	ltimore	MARYLAND	2. USUAL RESIDEN	CE (Where decease		on: Residence bef	
b. CITY OR TOWN (I	f outside corporate limits, waterest town) MOPE	rite c. LENGTH OF STAY IN 16		'N (If outside corpo	orote limits, write R	URAL ond give n	earest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspitol, give 1223 Leed		d. STREET ADDR		Terrace	THE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Tda	Middle W. S	last immons	4. DATE OF DEATH	Mor Ma	rch 20	Day Yeor 19 60
s. sex female	2 4 4	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH	1882	9. AGE (In years lost birthdoy) 78 yrs.	Manths Doys	Hours Min.
100. USUAL OCCUPATION during most of work 1008eW11	DN (Give kind of work done ing life, even if retired)	106. KIND OF BUSINESS OR INC	Germ	any	country)	12. CITIZEN C	S. A.
	adamiai- Wa	atabal					
	ederick We	16. SOCIAL SECURITY NO.	INFORMANT	nown	Add	rett	
	If yes, give war or dates of service	)		Simmon		Leeds 1	
Conditions, if o gove rise to it couse (o), stoting lying couse last.  PART II. OTH	the under DUE TO (c)  IER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH B				VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO Z
3 20c. TIME OF INJUR			PLACE OF INJURY (Hom		y or town)	(Caunty	r) (State
Haur a.m.		While Not while at work at work	foctory, street, office blo	ig., erc.)			
actual SIGNATURE	at I attended the de	1960, and that dea	th accurred at 3	ADDRESS (S	the causes an	ad an the dat stote)	w the decease te stated above DATE SIGNE
	ruce Brumb		5609				ge, Md.
PREMOVAL (Specify) Burial	3/23/60	22c. NAME OF CEMETERY Lorraine	or crematory  Mausoleum	10 0000	timore.	or county) Marvla	(State)
23. FUNERAL DIRECTOR		ADDRESS		. REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGNAT	URE
Howard H.	Hubbard 4	107 Wilkens A	venue DA	MAR 23	'60 C	inchun S. It	ines

STATE OF THE STATE			BERTO STA	CERTIFIC	3062		
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Toward H. Butteren 1975 P. Louis L. Village . 1985 P. Prince . E Prince .			P. 12.314	1 40. 100	3/.53	Ų.	Cathour .

VS A15 (4) 15M 9/58

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		2003	CERTIFIC	CATE OF	DEATH	4		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY	BALTIMORE	7-47-6	MARYLAN	O STATE	Md (Wh	here deceased	lived. If institution b. COUNTY	on: Residen	nce befo	re admiss	sion) V
b. CITY OR TOWN	(If outside corporate lim nearest town) VILLE	its, write	c. LENGTH OF STAY IN 1		TOWN (If a		ite limits, write R	URAL ond	give nec	VOI	n) ,4
d. NAME OF HOSP OR INSTITUTION	HOUSE IN	1.1.1.1	Committee of the commit	d. STREET 3809		tage Av	e.			ON A	SIDENCE A FARM
3. NAME OF DECEASED (Type or print)	David X	rst	Middle Simon	Lo	ast	4. DATE OF DEATH	3/9/60		Do	,	Year
5. SEX Male	6. COLOR OR RACE White	7. MARR	DIVORCED			9	. AGE (In years lost birthdoy) 85 yrs.	IF UNDER Months	Days	IF UND Hours	7
during most of wo	ION (Give kind of work orking life, even if retired ture Store	done 10b.	KIND OF BUSINESS OR IN  Retail		PLACE (Stote	or foreign cou	intry)	12.CIT	US.	WHAT O	COUNT
13. FATHER'S NAME  MOT:  15. WAS DECEASED EV  [Yes, no, or unknown]	ris Simon FER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	14. MOTHER Flo: INFORMANT Meyer S:	ra		Add. Cottage				
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II. Of	the under-	of they	Partinging to DEATH	Darmy relic - Ver				'EN IN PAR	T 1(o) 1	9. WAS	AUTOP
20g. ACCIDENT W	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	RRED. (Enter noture	of injury in 1	Port I or Port	I of item 18.)	E P		YES [	] NO]
20c. TIME OF INJU Hour o.m.	10	While	Not while of work	PLACE OF INJURY foctory, street, office			or town)	((	County)		(Sto
21. I certify to alive an	that I attended the 3-8-  Imus K. F.  Imus K. C.  ON, 22b. DATE THEREC	decease , 196	ed fram 2-1	M.D. & Z.O.  B.Q./ Y OR CREMATORY	350f.	M, fram the ADDRESS (Street Control of Contr	et, city or town, 2 AUE	d an the state)		stated	d aba TE SIGN
23. FUNERAL DIRECTOR SOL LEVINS	R'S SIGNATURE	n en	ADDRESS		240 PEC	D BY REGISTR			GNIATUI	RE	

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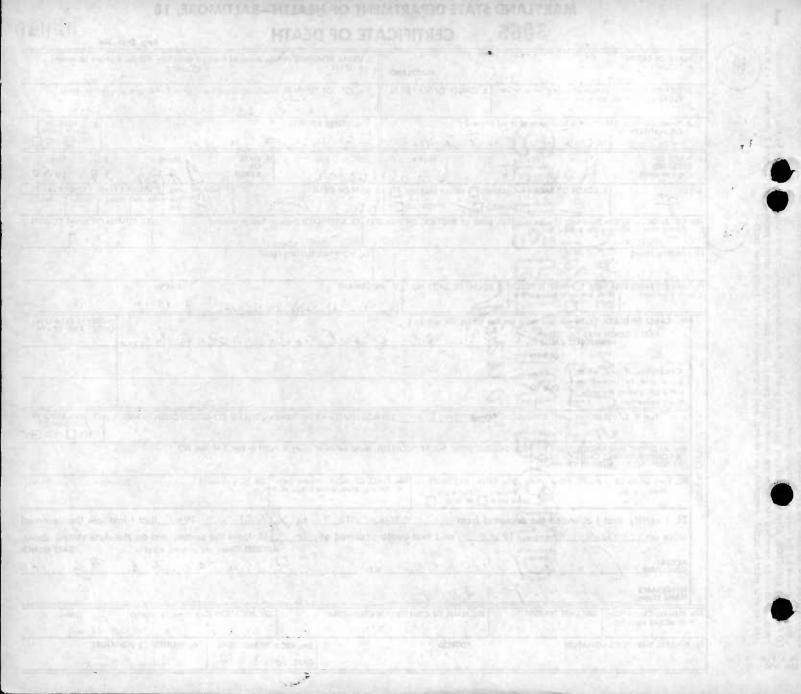
b. (d. d. d	ITY OR TOWN (if write RURAL end write RURAL en	foutside corporation of the corp	OTTIE  OTTIE  OR RACE 7.  d of work n if retired)  ED SIR  WED FORCE deles of serv  only one ca	Venue (LOT) . MARRIED WIDOWED 10b. KINI MC Sh mon 152 16. Sc 295- ause per line	e. LENGTH C	die SLI  ARRIED ORCED SS OR INDUS CONSTI	ECHTA SCHE B. DATE C SEPT  14. MO  14. MO  14. MO  Plezz	Ess CHR DF BIRTH .2,190 RTHPLACE (SM SMit) OTHER'S MAID	S. Dr.  4. DAT OF DEA  214 lete or foreign hburg, EN NAME	andal E TH Ma Possible 19. AGE best country) W.	Month PCH (In years   Va.  Address	P Ba RURAL en	Dey LYEAR Deys LYEAR DOYS LYEAR LINT	e. IS R on YES Yee Hours F WHAT A	ESIDENCE A FARM FOR F
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d. 133. NAP DEE (Ty Ty T	ME OF HOSPIT  38 S.  ME OF  CEASED De or print)  Ale  SUAL OCCUPATI uring most of wo  YPIST  THER'S NAME  AS DECEASED EVI C, or unkown)   [III  CAUSE OF D  PART I. DEATI  322 / Inditions, if any	Dunda  LO  6. COLOR OF  White  ON (Give kind rking life, even  GOOPER IN U.S. ARW yesgive werord  H WAS CAUSE  MMEDIATE CA	OTTIE  OTTIE  OR RACE 7.  d of work n if retired)  ED SIR  WED FORCE deles of serv  only one ca	Venue (LOT) . MARRIED WIDOWED 10b. KINI MC Sh mon 152 16. Sc 295- ause per line	Mid Market Marke	die SLI  ARRIED ORCED SS OR INDUS CONSTI	ECHTA SCHI B. DATE C Sept STRY 11. BI P. 14. MO INFORM Plezz	Ess STREET ADDRE 38 Last EHR DF BIRTH .2,196 RTHPLACE (SI SMIT) OTHER'S MAID	S. Dr.  4. DAT OF DEA  24  14. DAT OF DEA  24  15. DAT OF DEA  24  16. DAT OF DEA  24  16. DAT OF DEA  24  16. DAT OF DEA  24  24  24  24  24  24  24  24  24  2	andal E TH Ma   9. AGE   lost b 35   country) W.	Month  Month  (In years   Irihdey)   yrs.  Va.  Address	F UNDER Months 12. CII	Dey LI YEAR Deys LIZEN O U.S	e. IS R ON YES 19  IF UNDER HOURS  F WHAT A	ESIDENCE A FARM NO 5 60 R 24 HRS Min. COUNTR
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5_													1	ES X	NO [
PR	MARY Or CO	USE WAS NTRIBUTING [	20b.	. DESCRIBE	HOW INJUR	RY OCCURED	, (Enter netur	re of Injury in	Part I or Pert I	l of item 18	.)				
20		RY Month,	Dey, Yeer	20d. IN						City or tow	n)	(Cor	inty)		(Stete)
`  —	p.m.		19	1		-					-				
2	. I certify th	at I took ch	harge of	the remai	ns describ	ed above,	held an A	utopsy	Inspection	on ,	Inquiry		and	in my c	pinion
d	ath resulted f	rom: Nati	tural caus	ses A	Accident	, Su	uicide,	Homicic	de,	Undeterm	ined ma	nner [			
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AACDIC A	21 de AC SI EX NI	20c. TIME OF INJUI Hour a.m. p.m. 21. I certify Ih death resulted fit ACTUAL SIGNATURE EXAMINER'S NAME (Type)	20c. TIME OF INJURY Month, Hour a.m. p.m.  21. I certify that I took of death resulted from: Ma ACTUAL SIGNATURE EXAMINER'S NAME (Type) William  2e. BURIAL, CREMATION, 22b. DAREMOVAL (Specify)	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19  21. I certify that I took charge of death resulted from: platural cause actual signature  EXAMINER'S William V.I.O  20. BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify)	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m.  21. I certify that I took charge of the remaindent resulted from: Matural causes  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATION, REMOVAL (Specify)  BURIAL 3/8/60  EXAMOVAL (Specify)  BURIAL 3/8/60	20c. TIME OF INJURY Hour a.m. p.m. 19 while Not While of work 21. I certify that I took charge of the remains describ death resulted from: Watural causes Accident  ACTUAL SIGNATURE EXAMINER'S NAME (Type) William Velovitt, Jrennie.  20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME O	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. I Mour a.m. 19 et work et work 21. I certify that I took charge of the remains described above, death resulted from: Datural causes Accident . Su ACTUAL SIGNATURE EXAMINER'S NAME (Type) William V. Lovitt, Jr., M.D.  2e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)	20c. TIME OF INJURY Hour a.m. p.m.  21. I certify that I took charge of the remains described above, held an Adeath resulted from:    Description   Description   Description	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m., p.m.  21. I certify that I took charge of the remains described above, held an Autopsy Added the resulted from: Datural causes Accident Signature  EXAMINER'S NAME (Type)  William V. Lovitt, Jr., M.D.  22c. NAME OF CEMETERY OR CREMATION, REMOVAL (Specify)  Burial  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, fectory, street, office bldg., fectory, st	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19   While Not While et work   Suicide   Home, ferm, 20f. (While et work   Accident   Suicide   Home, ferm, 20f. (While et work   Home, 20f. (While et wor	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m.  21. I certify that I took charge of the remains described above, held an Autopsy A. Inspection death resulted from:  21. I certify that I took charge of the remains described above, held an Autopsy A. Inspection death resulted from:  22. Accident A. Suicide A. Homicide A. Undeterm CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ACTUAL SIGNATURE  EXAMINER'S NAME (Type) William V. Lovitt, Jr. M. D. Address (Street, city, town, or county)  22. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C. REMOVAL (Specify))  22d. LOCATION (C. REMOVAL (Specify))  22d. LOCATION (C. REMOVAL (Specify))	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m.  21. I certify that I took charge of the remains described above, held an Autopsy M. Inspection M. Inquiry death resulted from:  21. I certify that I took charge of the remains described above, held an Autopsy M. Inspection M. Inquiry death resulted from:  22. Accident M. Suicide M. Homicide M. Undetermined many Chief Medical Examiner M. Assistant Medical Examiner M. Assistant Medical Examiner M. Deputy Medical Examiner M. Deputy Medical Examiner M. Address (Street, city, town, or county)  22. Burial, Cremation, 22b. Date Thereof Removal (Specify) Burial 3/8/60 Holy Redeemer Cem.  20. Evantation of Chief Medical Examiner M. Deputy Medic	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19   While Not While et work   Street, office bldg., etc.)   20f. (City or town) (Country)  21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection   Inquiry   death resulted from: Watural causes Accident   Suicide   Homicide   Undetermined manner   ACTUAL SIGNATURE   ASSISTANT MEDICAL EXAMINER   BEXAMINER'S NAME (Type) William Volovitt, Jron M.D.  Address (Street, city, town, or country)  22e. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or country Burial   3/8/60   Holy Redeemer Cem.   Baltimore, Md	20c. TIME OF INJURY Month, Dey, Yeer While Not While et work et work et work Street, office bldg., etc.)  20c. TIME OF INJURY Month, Dey, Yeer While Not While et work et work et work Det work et work Det work Det work Det work Det work Def work D	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19   While et work   20d. INJURY OCCURRED work   20e. PLACE OF INJURY (Home, ferm, Pour a.m. p.m. 19   While et work   20d. INJURY OCCURRED work   20e. PLACE OF INJURY (Home, ferm, Pour a.m. p.m. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection   Inquiry   and in my of death resulted from:   Natural causes   Accident   Suicide   Homicide   Undetermined manner    ACTUAL SIGNATURE   ASSISTANT MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   AMME (Type)   William V. Lovitt, Jr. M.D.  Address (Street, city, town, or county)  22e. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or country)    REMOVAL (Specify)   Burial   3/8/60   Holy Redeemer Cem.   Baltimore, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



	2902	CERTIFICA	ATE OF DEATH	Reg. Dist.	. No.
	PLACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	d lived. If institutions Residence b. COUNTY	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	53 X Line al	orote limits, write RURAL and give	re nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	2 40 1 Pilent	Varkwan	•. IS RESIDENCE ON A FARM? YES NO W
	NAME OF First DECEASED (Type or print)	2001 S	Lost 4. DATE OF DEATH	march 18	Doy Yeor 19610
5.	6. COLOR OF RACE 7. MARR WIDOWE		B. DATE OF BIRTH april 20-1884	I have be not it at	YEAR IF UNDER 24 HRS. Poys Hours Min.
10c	USUAL OCCUPATION (Give kind of work done during post of working life, eyen if retired)	Howle	STRY #1. BIRTHPLACE (Shale or foreign o	ountry) 12. CITIZ	EN OF WHAT COUNTRY
13.	FATHER'S NAME  Milton Worr	els	14. MOTHER'S MAIDEN NAME  Nette's		- 143.2
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 16. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	\ \Aa	nformant r. Edward Smith	Address, 3407 Liber	ty Parkway
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	• for (o), (b), and (c).]	frumonia		INTERVAL BETWEEN ONSET AND DEATH
i	Conditions, if ony, which (b)	erelesal	Heminhan		6m0
	gove rise to immediate couse (a), stating the under-lying couse last.		9		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICA	200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D: (Enternature of injury in Port to Por	t II of item 18.)	/
MEDICAL	Hour o. m. While		ACE OF INJURY (Home, form) 20f. (City fory, street, office bldg., etc.)	or town) (Co	unty) (State)
	21. I certify that I attended the decease alive on march 17 th, 16	ed from Oetalu	accurred at LAM, from	m the causes and on the	st saw the deceased
	ACTUAL SIGNATURE	mas	ADDRESS (S	treet, city or town, state)	DATE SIGNE
	PHYSICIAN'S NAME (Type)	omas	D.	attimore	ママルル
220	REPROVAL (Specify) 3/21/60	Bel Air M	R CREMATORY 22d. LOCA emorial Bel	TION (City, town, or county) air. Marulan	d (Stote)

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page 3 should be detached for use as the registrar priar to buriol, cremotion,

in by the funeral director, and 2 should be filed with

24 hours after death. Page 4

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

ertificate has been signed by the attending physicion and came as the burial-transit permit. Then please remove carbon paper ion, or removal, and in any event within 72 hours after death.

23. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305 Harford Road #14

240. REC'D BY REGISTRAR MAR 21 '60 246. REGISTRAR'S SIGNATURE Collans S. House

	ATE OF DEATH			
	Hitting of School	Discussion Discussion		
3				
is, the Least walk	neu-fice Later of SV 110 - A		NEW PLANS A THE PARTY	
Special Action				

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VS A15 (4) 15M 9/58

				S	ICA	IL OI DEAII	•		Reg. Dist	No.		
	PLACE OF DEATH a. COUNTY	Baltimore		MARYL		o. STATE Maryla		d lived. If instituti b. COUNTY	on: Residence	before	admission	n) /
	b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If o	outside corpo	prote limits, write R	URAL ond gi	ve neare	st town)	
	KOKAL dila give	Catonsville		lyr8mth2ld	ys	Baltimore				311	116	4
	d. NAME OF HOS	PITAL (If nat in haspitol, g	give street	oddress)		d. STREET ADDRESS	nanch			e.	IS RESID	
S		ROVE STATE	HOSE	TAL		5617 Bellry	ran Ro	ad			YES	
	NAME OF DECEASED (Type ar print)	Fie Vic		Middle M.		Sollers '	4. DATE OF DEATH	Mor Maj	rch	Day 2	Yes	6
5.	SEX	6. COLOR OR RACE	7. MARE	RIED MEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1	$\rightarrow$		
1	male	white	WIDOW			August 28, 1	1887	12 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPA	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR	NDUST	Y 11. BIRTHPLACE (State	or foreign o	country)	12. CITIZ	EN OF V	VHATCO	UNTRY
	mecha		,	Golina		Marylan	nd		U.	S.	A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME					
	James	T. Sollers			21/1	An	ina					
		VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INF	ORMANT		Add	ress			
	unknown	(If yes, give war or dates of :		12-05-9820	Rec	ords: SPRIN	IG GR	OVE STAT	TE HO	SPIT	AL	
TIFICATION	Canditians, if gove rise to couse (a), statin lying couse land	immediate DUE TO	() () () () () () ()	Generalized	arte	cardiovasco riosclerosis ot related to the termi	Sev	<b>TETE</b> SEE CONDITION GIVE	VEN IN PART	1(a) 19.	WAS AU PERFORM	JTOPSY MED?
MEDICAL CERTIFI	OR CONTRIBUTION (IF EITHER, NOTING AND INCOME OF INJURY	1.	ar 20d. II While of wor	Not while		E OF INJURY (Home, form ry, street, office bldg., etc		y or town)	(Co	ounty)		(Stote
	alive an ACTUAL SIGNATURE	fy) 3-2-6	. 19.6 Wa ler,	olister	death c	sPRING Catons vi	M, fram ADDRESS (SGROVE	STATE  8. Mary La  ADN (Cy, town,	d an the stote) HOSPI	TAL	DATE:	
	I rienal	1 H Mew	ell	Paletaville	4	8 MAR DAMAR	7 '60	Circh	M 2. 700	aire.		

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Reg. Dist. No.

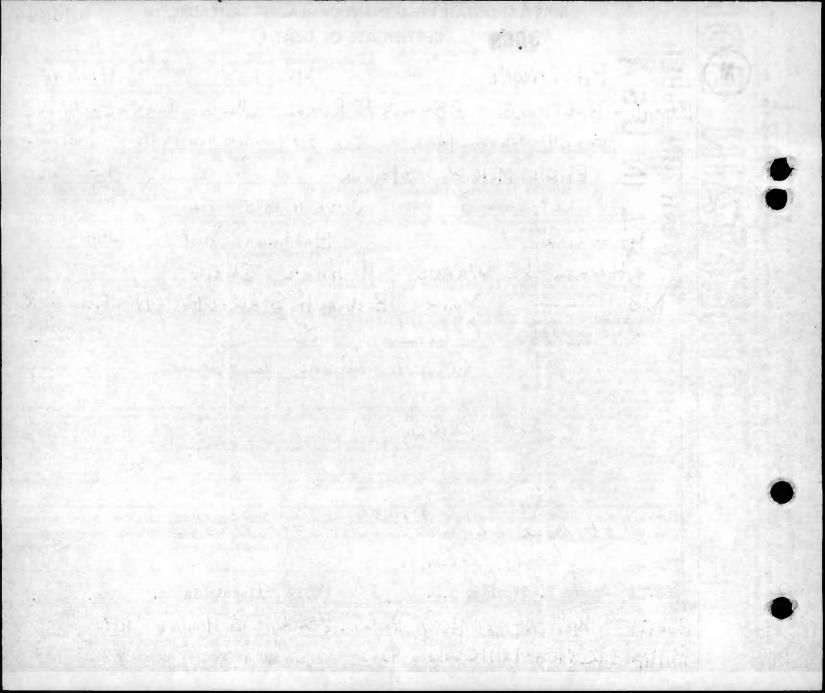
)	1. PLACE OF DEATH BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Mary layer b. COUNTY Ba	l fimore					
	B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL — BALTIMORE 384	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	Baltimari					
<	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION BOX 344 Chasaco Park	Box 344 Chesaco Park	e. IS RESIDENCE ON A FARM? YES NO					
	3. NAME OF DECEASED (Type or print) EMMA Methide Ster	Lost 4. DATE Month OF DEATH Makely	25 1960					
	5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	1.54.19	1 YEAR IF UNDER 24 HR. Doys Hours Min.					
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY					
	13. FATHER'S NAME HERMAN J. WARNS	14. MOTHER'S MAIDEN NAME						
	(Yes, no, or unitnown) (If yes, give war or dates of service)	GEBARA A. Steiner Box 344	hesaco Punk					
	18. CAUSE OF DEATH [Enter only one couse per line for (0), (b), ond (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	Eden	INTERVAL BETWEEN ONSET AND DEATH					
	Conditions, if ony, which) (b) Organilar soleration Heart Disease 15-							
	gove rise to immediate couse (a), stating the under-lying couse lost.							
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	TNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?					
	20g. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)						
		LACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (C	County) (Stote					
	21. I certify that I attended the deceased fram. 2-11-3	7, 19, to 3-25-60, 19, that I land accurred at 4 40 M, fram the causes and an the						
-6	ACTUAL Josephs, Pollula	ADDRESS (Street, city or town, stote)	DATE SIGNE					
1	PHYSICIAN'S Joseph E. Schulte, M.D.	8019 Philadelphia Rd. Ba	lto. 6. Md.					
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C. BURIAL (Specify) 11 GRCL 29, 1960 HOLY Red	PR CREMATORY 22d. LOCATION (City town, or county) beaute Centry Be Itemore, M.	(State)					
2	23 EUNERAL DIRECTOR'S SIGNATURE PLATED F. CVACH 1211 Chasaco Av	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG						

aurs after death. Page 4

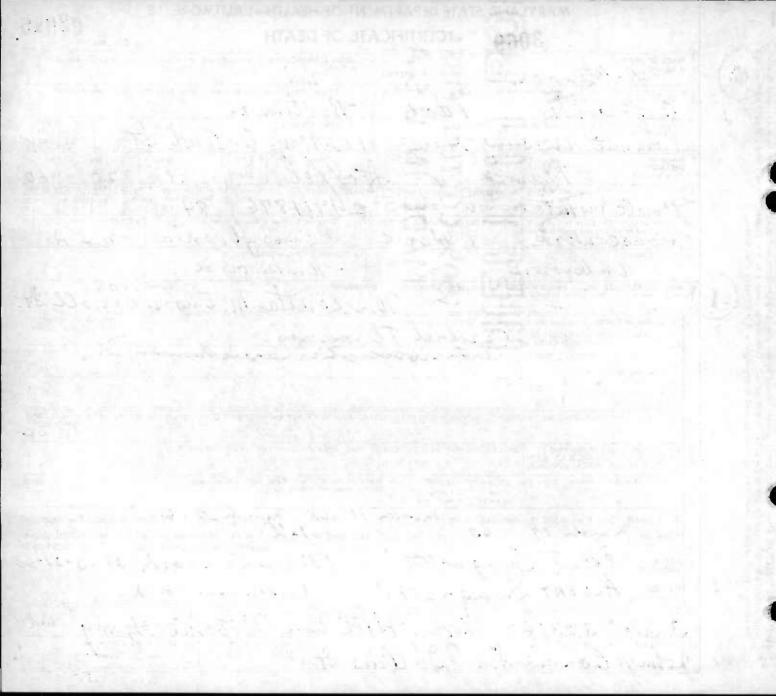
filted in by the funeral director, ges 1 and 2 shauld be filed with

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pages, the registrar prior to burial, cremation, as removal, and in any event within 72 haurs after death. ICIAN: The law requires that the death certificate be executed

VS A15 (4) 15M 9/58



15M 9/5B



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1. PLACE OF I	Baltimore		MARYLAND	o. STATE		nere deceased	d lived. If institution b. COUNTY	on: Residence	before admission)
	TOWN (If autside carporate limited give nearest tawn)	ts, write	c. LENGTH OF STAY IN 16	1/		104-5	rate limits, write R	URAL and giv	e nearest town)
d. NAME C OR INST	_		address)		T ADDRESS	dlawn	33 Dan 3		e. IS RESIDENCE ON A FARM? YES NO
	Resbyterian						11 Road		
3. NAME OF DECEASED (Type or pri	nt) Alex	si ander	Middle Stratton		Last	4. DATE OF DEATH	Marc	-46	Day Yeor 19 60
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF B	IRTH	1700	9. AGE (In years	IF UNDER T	
Male	White	WIDOWE		July 1	2,1873	111//2	96 86yrs.		ays Haurs Min.
10a. USUAL O	CCUPATION (Give kind af wark st of warking life, even if retired	dane 10b.	KIND OF BUSINESS OR INC	OUSTRY 11. BIRT	HPLACE (Stote	or foreign co	ountry)	12. CITIZE	N OF WHAT COUNTRY?
R	etired		Mechanic		R'S MAIDEN		d	U.	S.A.
13. FATHER'S N									
	illiam Patterso			INFORMANT	zabeth	loung	Add		
(Yes, no, or unkno	ASED EVER IN U. S. ARMED FOR wn) (If yes, give war or dotes of s		334						
No				Presbyte	rian H	ome, I	owson, M	ryland	d
1B. CAUS	E OF DEATH [Enter anly one co	use per lin	ne for (a), (b), and (c).]			12000			INTERVAL BETWEEN ONSET AND DEATH
PA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  Acute Pulmonary								75 min
422 / DUE TO									10 111111
	ans, if any, which ) (b	A	rteriosclerot	cic Card	iovascı	ılar d	isease		vears
	se ta immediate DUETO								
lying co	use last.	:)							
NOTA	RT II. OTHER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO
	DENT WAS UNDERLYING ARBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter notus	re of injury in	Port I ar Por	t II of item 18.)		
9	OF INJURY Month, Day, Ye r a. m. p. m. 19	20d. In While at war	Nat while	PLACE OF INJUR factory, street, a			or town)	(Co	unty) (Stote)
21. I cer	tify that (1) (this hospita	l) ottend	led the deceased fram	JAN.	19				2, that (1) (we) lost
	deceased alive on M	HR.	19 60, and that	death occur	rred of /_	M, fram	the couses or	d on the	
22a. SIGN	ANTON OLD	1	MID	M.D. ATTENI	DING M	AED.	STAFF PHYS.	PL	22b. DATE SIGNED
22c. PHYS	E (Type)	-		22d, AD		- \/	RK RE		1117 7,116
02 PUBLAL	S.J. Venab		23c. NAME OF CEMETERY	OR CREMATOR			TION (City, town,	2 /	(Stote)
REMOVA	CREMATION, 23b. DATE THEREO	Jr.				1 1=11		16	
	in 3-7-60 DIRECTOR'S SIGNATURE		Lorraine ADDRESS	rark	250 050	D BY REGIS		Maryla STRAR'S SIGN	
				Pa	I N	IAR 7	60 200	vinen d.	Thatis
John C	. Mitchell & Sc	ons,	inc., 1900 Eu	CAW LTS	DATE				

TO HOP TAL OR ATTENDING PH may evained by the haspin TO FUTTER AL DIRECTOR: After this VR A1S (4) 1SM 9/59 7079 CERTIFICATION DEPART

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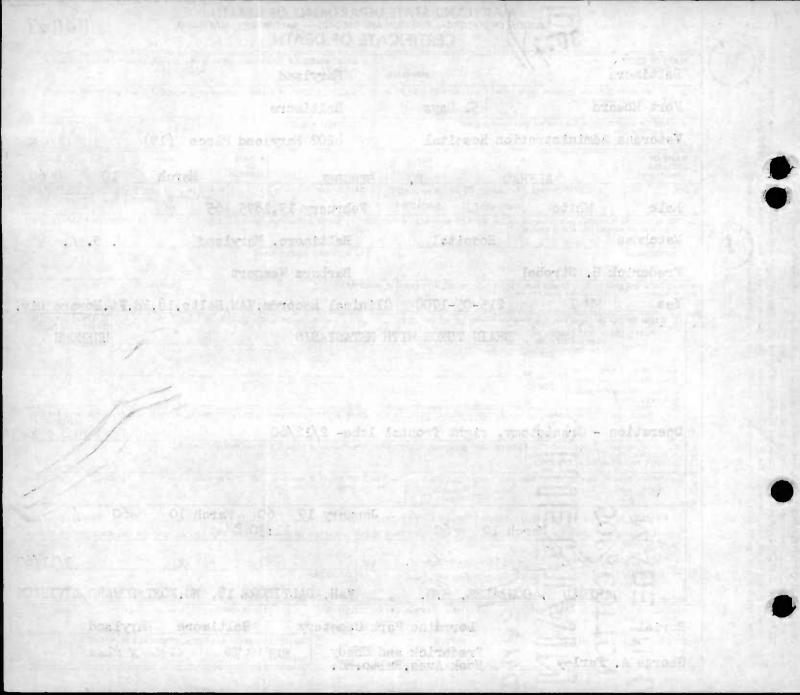
hours after deoth. Page 4

Then please remave corbon papers. Poges ? State OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 29 stained by the haspital physician.

Vex.AL DIRECTOR: After this certificate has been signed by the attending physician and completely figure 3 shauld be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 tote Board of Health prior to burial, crematian, or remayal, and in any event, within 27 Tayrs after death.

TO HO	TO FU	the S
VR 1S	A1S (4) M 9/59	

	3077		CERTIF	ICAT	E OF DEATH				(, -	() = 0
1. PLACE OF DEATH			MARY	LAND	2. USUAL RESIDENCE (WHO STATE Maryland	nere deceased	lived. If institution b. COUNTY	n: Residence	before odn	ission)
b. CITY OR TOWN ( RURAL and give n Fort Howa	If autside carporate limi earest tawn)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o	10.22	ate limits, write RU	RAL and giv	re nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION Veterans	TAL (If not in hospitol, g Administra	ive street tion	Hospital		d. STREET ADDRESS	land P	lace (1	9)	e. IS R ON YES	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	AT.F		Middle F.	S	Last	4. DATE OF DEATH	March		Day LO	Year 19 60
5. SEX Male	6. COLOR OR RACE	7. MARR	ED NEVER MARRIE	D 🔲 8.	DATE OF BIRTH February 17.		lost birthdoy) 65 yrs.		YEAR IF UN	DER 24 HRS.
Watchman	ON (Give kind of work of king life, even if retired	)	KIND OF BUSINESS O	R INDUST	Baltimore,	Maryl		12. CITIZI		T COUNTRY?
13. FATHER'S NAME Frederick	H. Strobe	1			14. MOTHER'S MAIDEN N					
Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice) 21	SOCIAL SECURITY NO <b>5-05-1708</b>	Cli	ormant nical Record	74.0	Addre Balto.18		Howa Interval	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO any, which )	BRA	IN TUMOR W		ETASTASIS				UN KNO	ND DEATH
gave rise to cause (a), stating lying cause last.	the under-									1
Operation	- Cranioto	4.7			obe- 2/12/60	NAL DISEASE	CONDITION GIVE	N IN PART	PER	S AUTOPSY FORMED?
	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of injury in	Part I or Part	II af item 1B.)			
20c. TIME OF INJUI Haur o. m. p. m.	RY Month, Day, Yes	ar 20d. It While of war	NJURY OCCURRED  Not while  t ot wark		CE OF INJURY (Home, form pry, street, office bldg., etc		ar tawn)	(Co	unty)	(State)
21. I certify the	at <b>/</b> () (this haspital sed alive an <b>Max</b>	) attend	led the deceased 019 60, and	fram J	anuary 19 19 ath accurred at 11		he causes and	, 1960 d an the	, that (I	) (we) last ed abave.
220/SIGNATURE	led E.	go.	njales		.D. ATTENDING MPHYS.	ED.	STAFF PHYS.			22b. DATE SIGNED 3/11/6
22c. PHYSICIAN'S NAME (Type)	ARIDAD E. C	ONZAL	LEZ, M.D.		VAH, BALTI	MORE 1	B, MD.FOR	T HOW	ARD D	IVISIO
23a. BURIAL, CREMATIC REMOVAL (Specify Burial		)F	23c. NAME OF CEMI				ON (City, tawn, a	r county) Maryl		itate)
24. FUNERAL DIRECTOR		3	Frederick Nook Aves,		Shady MAN	D BY REGISTR	tar 25b. REGIS	TRAR'S SIGN		



Reg. Dist. No.

1.	o. COUNTY	Baltimor	e	MARYL	AND	2. USUAL RESIDENCE (V	Where deced		nstitution: Rec UNTY Har		fore admission	1
	b. CITY OR TOWN III	outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (I	f outside cor	rporate limits, v	write RURAL	and give t	nearest town)	
	Catonsvi	lle		10vr7mth5dv	75	Aberdeen, Maryland 1231.2						d
1			If not in ho	spital, give street address)		d. STREET ADDRESS					e. IS RESIDE	ENCE
L	SPRING G	ROVE STAT	E HO	SPITAL		80 Mt.	Roya.	l Avenu	е		YES N	IO T
3.	NAME OF DECEASED	Fir	ıł	Middle		Lost	4. DATE	A	Aonth	Day	Year	
	(Type or print)	Ne	va	К.	5	Sutliffe	DEATH	Ma	rch	9	19 6	50
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In year lost birthday)		ER TYEAR		
	female	white	WIDOWE	DIVORCED		October 4.	1887	20	yrs. Month	Days	Hours Mir	n.
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1	3. FATHER'S NAME			ALVERT O		14. MOTHER'S MAIDEN	NAME					
	Solomon K	immell				Kate M	iller	Butter				
1	5. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Add	dress		33.30	
1	unknown	in yes, give war or adies or	service	Unknown	Re	cords: SPR	ING (	GROVE	STATE	HOS	PITAL	
F		H [Enter only one cau	se per line	for (o), (b), and (c).]						INTE	RVAL BETWEEN ET AND DEATH	
-		H WAS CAUSED BY:	Ag	ranulocytosi	sd	ue to pheno	thiaz:	ine sen	sitivi		CI AND DEATH	
	297	DUE TO		acatal)								
	Conditions, if any, which (b)											
	gove rise to immedi	gove rise to immediate cause										
	(c), stoting the underlying (c) (c)											
3	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUTNO	T RELATED TO THE TERM	INAL DISEAS	SE CONDITION	GIVEN IN P	ART 1(o)	9. WAS AUTO	OPSY
MOITATION	ŧ.										PERFORMEI	07
TIEN	20a. EXTERNAL CAU		b. DESCRIE	E HOW INJURY OCCURRE	ED. (En	ter noture of injury in Por	t I or Port II	l of item 18.)				
020	PRIMARY OF ON CAUSE OF DEATH.	II KIBUTING LI										
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yes				OF INJURY (Home, form		y or town)	(	County)	(\$1	tote)
4	Hour o. m.	19	While of w	e Not while ork ot work	FOCTOR	y, street, office bldg., etc.						
	21. I certify the	at I taok charge	af the	remains described	abov	e, held an Autops	УП	nspection	, Ing	uiry 🗍	and find	that
	death resulted	from: Natural	causes [	Accident ,	Suic	ide . Hamicide	, U	Indetermine	ed cause	7.		
		01 1		1/ 11					3.4	-		
	ACTUAL SIGNATURE	Levis	NI	Ciefo	-	M.D. CHIEF MEDICAL EX	XAMINER [				DATE SIGN	ED
			17	11/1		ASSISTANT MEDIC	AL EXAMIN	ER 🗆				
	EXAMINER'S NAME (Type)	George M.	Kief	fer. M. D.		DEPUTY MEDICAL	EXAMINER				3-9-60	
2	20 BURIAL CREMATION	N. 226. DATE THEREC	F	22c. NAME OF CEMETER	Y OR C	REMATORY	22d. LOG	TION (Cirý, lo	wn, or count	y)	(Stote)	1
1	GREMOVAL (Sercify)	3/11/1	960	Bakers	00	un tery	ale	extee	u Zu	ary	1/au	0
2	3. FUNERAL DIRECTOR	SIGNATURE	-0	ADDRESS	0	240. REC'	D BY REGIS	TRAR 24b.	REGISTRAR'S			
	your 9.8	arriers -	alle	Xelle W	(d)	DATEMA	R 1 4 '6	0	arthur 2	1. / (/200	-	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. cut the certificate, writing if you "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to fee ded to the Chief Med Examiner's Office along with form PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with or removal VS. A15ME(5) 5M 9/55

delay is necessary, please exert director. Page 4 should be

registrar prior to burial, crematian

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MENICAL DIAMINER'S CERTIFICATE OF DEATH

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**CERTIFICATE OF DEATH** 673

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1. PLACE OF DEATH	-	
b. CITY OR TOWN (IF	rid	0 00
RURAL ond give ne		

Reg. Dist. No.

1.	PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	5c. CITY OR TOWN (If outside corporate limits, write RURAL and gi			
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 2311 + amont Due Batto, 21.	/ d. STREET ADDRESS 223 DItamint Dre.	e. IS RESIDENCE ON A FARM? YES NO		
3.	NAME OF DECEASED (Type or print) Vada Virginia	Tanneyhill 4. DATE Month OF DEATH March	Day Year 2 6 19 6 0		
5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	Anna Albah (anna A	YEAR IF UNDER 24 HRS. Poys Hours Min.		
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)  11. CKET GGENT BY OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Hagers town, md.					
13	Mr. Pottenberger	14. MOTHER'S MAIDEN NAME			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  (Il yes, give wor or dates of service) 20124218	3 Ditament De			
	18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)  DUE TO	patic flexure = metastasis	INTERVAL BETWEEN ONSET AND DEATH TO PERSON OF THE PERSON O		
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last. (b)		march 26,6		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO		
		ED. (Enter nature of injury in Port I or Port II of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while at work of ot work	LACE OF INJURY (Home, form, 20f. (City or town) (Conclory, street, office bldg., etc.)	ounty) (Stote)		
	21. I certify that I attended the deceased from Jane, 1994, to 3/26, 1960, that I last saw the deceased alive an 3/26 of 1960, that I last saw the deceased alive an 3/26 of 1960, that I last saw the deceased alive an 3/26 of 1960, that I last saw the deceased alive and 3/26 of 1960, that I last s				
	PHYSICIAN'S B. Martin Middleton M.	<u> </u>	,		
L	G. BURIAL, CREMATION, REMOVAL (Specify) 3-29-60 22c. NAME OF CEMETERY CONTINUES OF CEMETERS OF CEMETERY CONTINUES OF CEMETERS OF C	Cemeting 22d. LOCATION (City, town, or county)  Bronsling	(Stote)		
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS January Juneal Home-Catonaval	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN			

may etained by the haspita attending physician.

OFU AL DIRECTOR: After the certificate has been signed by the ottending physician and compages 3 should be detached for use as the buriol-transit permit. Then please remove carbon paper the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death TO FU

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requires that the death certificate be executed

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2071

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	The state of		14 46	CERTIF	ICA	IE OF DEATH	1		Reg. Dist	No.	
	LACE OF DEATH . COUNTY	Baltimore		MARYLA	ND	2. USUAL RESIDENCE (Who a. STATE Mary)		l lived. If institution b. COUNTY	Harfo		e admissian)
b.	CITY OR TOWN	If autside carporate limit	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If a	utside carpor	rate limits, write R	URAL and gi	ve near	rest tawn)
	RURAL and give	isville		6yr3dys		Bel Air,	Maryla	and		12	-32.2
d	OR INSTITUTION	TAL (If nat in haspital, g	ive street	address)		d. STREET ADDRESS					. IS RESIDENCE
	SPRI NG	GROVE STAT	E HO	SPITAL		137 Mauls	by Ave	enue	12.7.7		YES NO
	IAME OF	Fire	it	Middle		Last	4. DATE OF	Man	th	Day	Year
	Type or print)	Ann:	ie	Laurie		Taylor	DEATH	Man	rch	22	19 60
S. SE	EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	□ B	. DATE OF BIRTH		9.º AGE (In years last birthday)	_	$\rightarrow$	IF UNDER 24 HI
f	emale	white	WIDOW	ED TO DIVORCED		April 1, 186	7	92 yrs.	Months [	ays	Hours Min
10a.	USUAL OCCUPATI	ON (Give kind af wark o king life, even if retired)	lane 10b.	KIND OF BUSINESS OR	INDUS1	RY 11. BIRTHPLACE (State	ar foreign co	ountry)	12. CITIZI	ENOF	WHAT COUNTR
		ewife				Marylan	d			U.	S. A.
13. F	ATHER'S NAME					14. MOTHER'S MAIDEN N					
	Unki	nown				Unlmown					
15. V	WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	IN	FORMANT		Add	ess		
(Yes,	nknown	(If yes, give war or dates of se	rvice)	unknown	Rad	cords: SPRIN	G GPC	OVE STAT	च मा	SEL	ΤΛT
		ATH [Enter only one ca	use per li		100	JOI GD: DITTE	G GIW	JIII DINI	110		RVAL BETWEEN
		ATH WAS CAUSED BY:			otic	cardiovascu	lar d	50250		ONSE	T AND DEATH
	110-	IMMEDIATE CAUSE (a)	- 2	£1 00 11 0 0 0 10 1	0 020	o cararovasou	LICEL CL.	Locate			
	Conditions, if	of the second	0	ene malized or	rter	riosclerosis					
	gave rise ta	immediate (		010 22.2200	2 001	12000201 0020					
	lying cause last.	rne under-									
CATION		, (c		CONTRIBUTING TO DEAT	H BUT N	NOT RELATED TO THE TERMII	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19	WAS AUTOPS PERFORMED? YES NO D
CERTIFI	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED	. (Enter nature of injury in F	art I or Port	II of item 1B.)			
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	RY Manth, Day, Yea	While	Nat while		CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.		ar tawn)	(Co	iunty)	(Sta
	21. I certify t	nat I attended the	deceas	sed from March	19	1954 ta M	arch 2	22, 1960,	that I las	saw	the decease
		farch 22	, 19_	60 , and that d	leath	accurred at 8:10a	M, fram		d an the		
	ACTUAL SIGNATURE	Stella	Wa	chster	N			STATE F		AL_	3-22-6
	PHYSICIAN'S NAME (Type)	Stella Wach	ısler	M. D.		Catonsvil	le 28	, Marylar	nd		

TO FUNE page 3 may VS A1S (4) 1SM 9/58

AL DIRECTOR: After th

shauld be

the registrar



22c. NAME OF CEMETERY OR CREMATORY (Hampden) 22d. LOCATION (City, tawn, ar caunty)

(State)

220. BURIAL, CREMATION, REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S SIGNATURE Burgee Funeral Home 3631 Falls Road

22b. DATE THEREOF

24a. REC'D BY REGISTRAR DATE

Balti more, Maryland GISTRAR 246. REGISTRAR'S SIGNATURE Cirthun S. Kraus

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	or argument	21150	ALLY Caller no. 19

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

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D FUXTERAL DIRECTOR: After that certificate has been signed by page 3 should be detached for use as the burial-transit permit, the State Board of Health prior to burial, cremation, or remaval,

TO FUZZERAL DIRECTOR: After

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attending physician.

the funeral directar, should be filed with

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the attending physician and comp Then please remove carban paper in any event, within 72 haurs,

	0000	CERTIFICA	IL OI DEATH		
1. PLACE OF DEATH o. COUNTY Baltime	ore	MARYLAND	2. USUAL RESIDENCE (WE a. STATE Maryland	nere deceased lived. If institution: b. COUNTY AJ	Residence before admission)  nn Arundel
RURAL ond give n				outside corporate limits, write RURA	AL and give nearest town)
Fort He	<b>DWA.rd</b> ITAL (If nat in hospital, give st	23 Days	Annapolis		IS RESIDENCE
OR INSTITUTION	ns Administrat		d. STREET ADDRESS	Street	ON A FARM?
3. NAME OF DECEASED (Type or print)	WALTER	Middle R •	TROTT Lost	4. DATE Month OF DEATH March	Day Year 27 19 60
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
Male	White WID	OWED DIVORCED	February 13,1	71 yrs. M	lanths Days Hours Min.
10a. USUAL OCCUPATI		10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY
Painter -		Naval Academy	Friendship	, Maryland	U. S. A.
3. FATHER'S NAME	Market State of the State of th		14. MOTHER'S MAIDEN	NAME	
Edwin Tro	tt		Anna M. Ca	arr	
	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT	Address	Balto 18,Md.
Yes	(If yes, give war or dates of service)  WW I	215-32-8483 CI	in .RecVet.A	dm. Hospital .Ft.	
	ATH [Enter only one couse p				INTERVAL BETWEEN ONSET AND DEATH
PART I. DE.	of the tree tree tree to	BLEEDING ESOPHACE	CAL VARICES		HOURS
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Canditions, if	(0)	PORTAL CIRRHOSIS	OF LIVER		UNKNOWN
gave rise to cause (o), stoting lying couse lost.	the under-	DEMA OF THE LUNC	S		HOURS
PART II. OT	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	inal disease condition given	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES MO
20a. ACCIDENT W	AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Part II of item 1B.)	
20c. TIME OF INJU Hour o. m. p. m.	, W		ACE OF INJURY (Home, farm octary, street, office bldg., etc		(County) (State
	at (I) (this haspital) at ased alive an March	tended the deceased fram.		March 27  The from the causes and	
226. SIGNATURE	sed drive dri Frai Ci	and that	gegin accorded git T.	Tiom the couses and	OOL DATE
Care	dad ()	malez		STAFF PHYS. X	3/28/6
22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS	T DATE OF BUT	
CARIDAI				L,BALTO.18,MD. 1	
23a. BURIAL, CREMATION REMOVAL (Specify BUL'18)		23c. NAME OF CEMETERY C	or crematory <b>tional Cemete</b> r	23d. LOCATION (City, town, or company Annapolis Manapolis Manapolis	
24. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS			AR'S SIGNATURE
				344D O 0 100	alley & Kraus
oun M. Tay.	Lor & Sons, 14	Gloucester St.	nnapolis M.		account & Typus

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## MARYLAND STATE DEPARTMENT OF HEALTH 3077 CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryland	here deceased lived. If institution: R b. COUNTY	esidence before admission)
B. CITY OR TOWN (I	f outside corporate limits, wr corest town) TO	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write RURAL	ond give nearest town)  3 VO 1 · 4
OP INSTITUTION	AL (If not in hospitol, give st Administratio		d. STREET ADDRESS 519 Annabel	Avenue (25)	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	PETER	Middle	VALEGGIE Lost	4. DATE Month OF DEATH MArch	29 Year 60
5. SEX Male	White	MARRIED MEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH September 15	lost birthdoy) Mo	NDER 1 YEAR IF UNDER 24 HRS nths Doys Hours Min.
during most of work Kitchen he	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDU Restuarant	STRY 11. BIRTHPLACE (Stote Italy	or foreign country)	U. S. A.
Joseph Val	eggie		Marie Giac		
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCES? (If yes, give year or dates of service)		NFORMANT Lin.Rec.VAH,Ba	Address Address H	oward Division
	TH [Enter only one couse p. TH WAS CAUSED BY: IMMEDIATE CAUSE (o) M	er line for (o), (b), and (c).] ESENTERIC THROMB	osis		INTERVAL BETWEEN ONSET AND DEATH 1 DAY
Conditions, if o gove rise to it couse (o), stoting lying couse lost.	mmediate DUE TO	URAL THROMBUS LE	795	HEART	RECENT 3 MONTHS
PART II. OTH	HER SIGNIFICANT CONDITIO		NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN II	
OR CONTRIBUTING	AS UNDERLYING   20b.   CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJUR Hour o. m. p. m.	w		ACE OF INJURY (Home, form totory, street, office bldg., etc		(County) (State
saw the deceas	nt (X) (this hospital) att sed alive oMarch 2			59 , to March 29 DPMom the causes and a	n the date stated above
226 SIGNATURE	lad &	vonjalez	M.D. ATTENDING M. DI	ED. STAFF PHYS.	3/30/6
CARIDAD E	G. GONZALEZ, N	1.D.		.18,MD. FORT HOWA	ARD DIVISION
23a. BURIAL, CREMATIO PEMOYAL (Specify) BULTIAL	April 2, 19	60 Cedar Hill		23d. LOCATION (City, town, or co Baltimore, Mar	ryland
24. FUNERAL DIRECTOR		ADDRESS	A		R'S SIGNATURE

Baltimore, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely force page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages the State Board af Health priar to burial, cremation, ar remavol, and in any event, within 72-baurs after death.

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haurs after deoth. Page 4

SICIAN: The law requires that the death certificate be executed

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# MARYLAND STATE DEPARTMENT OF HEALTH 3 DVISON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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in by the funeral director, and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 haurs ofter death. Then please remove carban papers. G PTS SICIAN: The law requires that the death certificate be executed pile attending physician.

In this certificate has been signed by the attending physician and cample for use as the buriol-transit permit. Then please remove carbon papers

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TO HOTTAL	may	TO FUNERAL DIRECTOR: Afte	page 3 should	
		9/5		

W )	1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Back.
	b. CITY OR TOWN (If autside corporate limits, write RTRAL and give nearest tawn).	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 520 Longville
X	d. NAME OF HOSPITAL Hif not in haspital, give street address) OR INSTITUTION Amondson are.	1400 Edmondson due e. Is RESIDENCE ON A FARM? YES NO
Ħ	3. NAME OF DECEASED (Type or print) Sward W. Widdle	Lost 4. DATE Month Day Year OF DEATH 3 /5 19 60
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   In years   If UNDER 1 YEAR IF UNDER 24 HRS.   If UNDER
	10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	USTRY 11. BIRTHPLACE (Slote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
'_	John V. Vanhel	14. MOTHER'S MAIDEN NAME Tatherine Schepbach
F	(If yes, give wor or doles of service)  (If yes, give wor or doles of service)	Mrs. Evely Wright
~	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	erotic. C. V. S. INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (o), stoting the under-	vz C. V. D _ 3 mon
	lying couse lost. (c)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED? YES NO PERFORMED? YES NO PERFORMED?
	OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	tel. (Line) harde of injury in fact 1 of the
	20c. TIME OF INJURY Manth, Doy, Year   20d. INJURY OCCURRED   20e.	PLACE OF INJURY (Home, form, 20f. (City or tawn) (Caunty) (State) actory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 3-15 1900, and that	death accurred alogam, from the causes and an the date stated above.
	220. SIGNATURE SHOWELD	M.D. ATTENDING MED. STAFF SIGNED STAFF
1	O2c. PHYSICIAN'S NAME (Type)	22d. ADDRESS Valoro Ville
2	230. BURIAL, CREMATION, 23b. DATE THEREOF 23E. NAME OF CEMETERY REMOVAL (Specify) 3/8/60 Foundam	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
l,	24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  25	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE MAR 2 1 '60 Cillur S. Krank

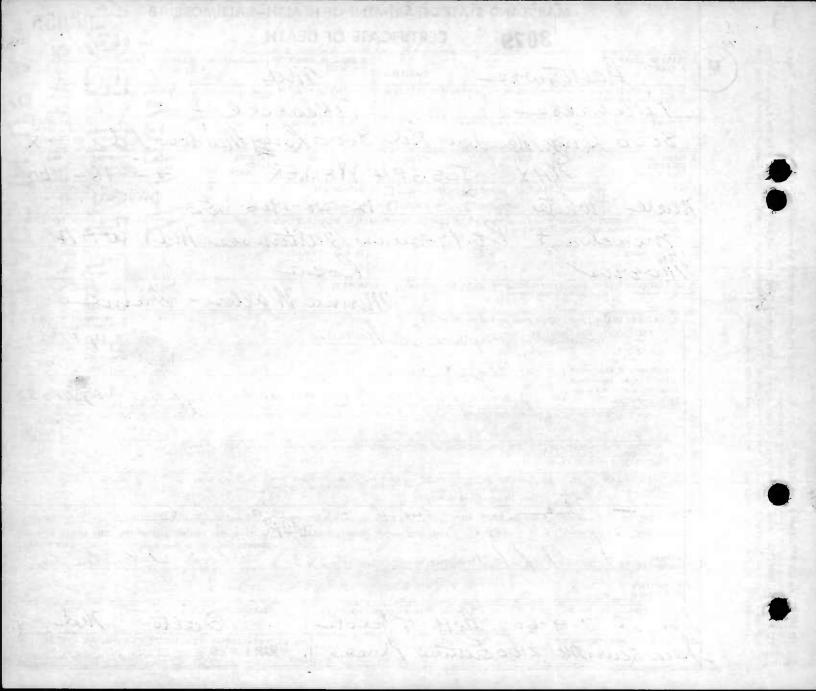
HTAE TENE STATEMENT TO SEE THE TOTAL STATEMENT OF THE SECOND SECO A Company of the Comp The Street West of Fred Land

	MARYLAND STATE	DEPARTM	ENT OF HEALTH	-BALTIMORE	, 18	03055
	3079 C	ERTIFICA	ATE OF DEATH		Reg. Dist.	
۲.	D. PLACE OF DEATH Galtemore	MARYLAND	2. USUAL RESIDENCE (Who	re deceased lived. If inst b. COUN		before admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	OF STAY IN 16	c. Of OR TOWN (IF ou	tside corporate limits, wri	e RURAL ond give	e nearest town)
	d. NAME OF HOSPITAL (If not in haspitol, give street oddress) ORINSTITUTION DOCG Long Meadow	Rd	Sooo Lou	4 Meado	w Rd	e. IS RESIDENCE ON A FARM? YES NO
3.	3. NAME OF DECEASED (Type or print) First TOS	Middle GR/4	WALLER	OF	Month 3 -	Day Yeor 1960
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER WIDOWED D	MARRIED	8. DATE OF BIRTH 12-28-190	9. AGE (In ye last birthda		EAR IF UNDER 24 HRS
lo	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS during most of working life, even if refired)	onlicit	STRY 11. BIRTHPLACE (State o	r foreign country)	12. CITIZET	S /
13	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
15	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUI	RITY NO. 2	Menna W	aller -	Ham	<u></u>
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b),  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	and (c).]	lailure.			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (o), stating the under-	mi	, k	- 7 P		Since 195
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		NOT RELATED TO THE TERMIN		GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRÍBUTING  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRE	D. (Enter nature of injury in Po	art I ar Part II of item 18.		TES NO
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCUR Haur a. m. p. m. 19 While Not while at work at work	e fo	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(Cou	inty) (Stote
	21. I certify that I attended the deceased fram	d that death	5300	A, fram the causes		
l	ACTUAL SIGNATURE Sur hahatakon	, ,		DDRESS (Street, city or to		DATE SIGNED
	PHYSICIAN'S NAME (Type)					
22	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME ( REMOVAL (Specify) 3-18-60 Lett	OF CEMETERY	R CREMATORY	22d. LOCATION City, tov	vn, or county)	mal (State)
23	23 FUNERAL DIRECTOR'S SIGNATURE 2100 GIAGO	12		BY REGISTRAR 24b. R	EGISTRAR'S SIGN	

in by the funeral director, and 2 shauld be filed with 4 haurs after death. Page 4 page 3 should be detached far use as the buriol-transit permit. Then please remove carban papers. the registrar prior to burial, cremotian, ar remavol, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed ertificate has been signed by the ottending physician and comp attending physician.

retained by the haspit AL DIRECTOR: After the

TO FL VS A15 (4) 15M 9/58



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7704			

1		3091 CERTIFICATE OF DEATH  Reg. Dist. No. (13()57)
l director.	1	PLACE OF DEATH o. COUNTY O. STATE MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
after death:		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn)  RURAL and give neorest tawn)  Baltimore  Zone 12  3V014
" >U	2	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTRIPTION Paradise Nursing Home  d. STREET ADDRESS 1049 Marlau Drive.  e. 15 RESIDENCE ON A FARM? YES   NO
d in b	3.	OFCEASED (Type or print) Clarence Westhoff DEATH FEMALEXY XXX 1960
with Sept.	1	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In yours left Widow)   Months Doys Hours Min.
execution on pape death.		On USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Steam Dept. City of Balto. Milwaukee, Wis.
sician a ve carb		William Westhoff  Anne Schultz
ing phy e remo 72 hou		s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Yes WW-1  WW-1  Address  Mrs. Ruth Fitzpatrick-1049 Marlau Dr.
the death the attendi Then pleas		18. CAUSE OF DEATH [Enter only one cause per lipe 44 (o); (b), and (t).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  INTERVAL BETWEEN ONSES AND DEATH ONSES AND DEATH
quires that igned by t permit. in any ev		Conditions, if ony, which gave rise to immediate couse (o), stoting the under-
physician os been s ial-transit aval, and	NOTAL	In our lost   (c)
IAN: The ending ficate he burner or rem	TACIBITABL	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 ar Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC or off certification	ACOIOSA	Coc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not white at work at work at work 19 at work 19 Not white
NDING the hasping the hasping		21. I certify that I attended the deceased from 6/15/, 1959, to 3/3/, 1960 that I last saw the deceased alive on 3/3/, 1960, and that death occurred at 970 MM, from the causes and on the date stated above.
RECTOR		ACTUAL SIGNATURE 6 Mendelis M.D. 65/N Bentalon St 3/3/60
RAL DI Should Should Strar p		PHYSICIAN'S CJ Mendelis M.D. Baltimore 16 ma
O HOSI		20. BURIAL, CREMATION, REMOVAL (Specify) BUT1al  22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY But1al  22d. LOCATION (City, town, or county)  Balto. Nat'l Cem  Balto.
VS A1S (4)		WI EDEFELD & SON GREENMOUNT AVE & 22ND DATE MAR 7 '60 DATE MAR 7 '60

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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#### FOR STATE HEALTH DEPT.

elay is necessary, please uneral director. Page pined for your files. State Board of Health,

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is extensive the certificate, within a word "pending" in pendi in Nem, 18. Give Pages 1, 2, and 3 or inner the converded to the lief Medical Examiner's Office along with form PM3. Page 5 be printed to Funeral DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Slate or its designated agent, prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03058

2903 Reg. Dist. No.

	1. PLACE OF DEATH 0. COUNTY A POWER A		2. USUAL RESIDENCE (Where deceosed liv		e before odmission)
	KARYIMORE	MARYLAND	O. STATEMAIZYLAND	b. COUNTY BALL	I MOISE.
	b, CITY OR TOWN [If outside corporate limits, write RURAL ond give negres) town]	LENGTH OF STAY IN 16	S. CITY OR TOWN (If outside corporate	limits, write RURAL and g	ive nearest town)
	DUNDALK		DUNDALK.		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
	3415 YARDLEY DRI	IVE	3415 YARDLE	Y DRIVE	YES NO X
	3. NAME OF DECEASED (Type or print) TERANCES	E. WH	Lost 4. DATE OF OF DEATH MA	Month ARCH 2	Day Year 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED [ 8.	DATE OF BIRTH 9. AG	GE (In years IF UNDER TY	
	FEMALE WHITE WIDOWED S	DIVORCED U	TUNE 15, 1886	yrs. Months De	bys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or foreign country	) 12. CITIZE	N OF WHAT COUNTRY?
	AT HOME		MARYUND	U.	S.A.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
1	WILLIAM EMMETT		CATHERINE KAL	INN AUGH	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO. 17. IN	FORMANT	Address	
	no.	NA	MES WHEELER	3415 711	SDLEY DIS
	18. CAUSE OF DEATH [Enter only one couse per line for (o	i), (b), and (c). ]	1		INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: H-5-	C-V . DI	SEASE		10yes
	422,1 DUE TO -				- /- '-
	Conditions, if ony, which) (b)				
	gave rise to immediate cause				
	(e), stating the underlying DUE TO couse tost.				
		BUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART I	(o) 19. WAS AUTOPSY
)	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	- (9xks)	Annesied=		YES NO D
	206. DESCRIBE HOVE PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	N INJURY OCCURRED(En	eler noture of injury in Port I or Parl II of ite	m 18.)	
П	3 20c. TIME OF INJURY Month, Day, Year 20d. INJUR	Y OCCURRED 20 PLACE	F OF INJURY (Home, form, 20f. (City or to	wn) (Count	y) (Stote)
	20c. TIME OF INJURY Month, Day, Year 20d. INJUR While of work 19 of work 1	Not while of work	y, timet, office bldg., etc.)		
	21. I certify that I took charge of the rema	oins described abov	re, held an Autopsy . Insper	ction . Inquiry	The and in my
	opinion death resulted from: Notural couse	es [], Accident [	, Suicide , Homicide ,	Undetermined mo	onner 🔲
	man	)			
	SIGNATURE / / A AVV		M.D. CHIEF MEDICAL EXAMINER	61	DATE SIGNED
3	EXAMINER'S M 12 7 21/16	10	ASSISTANT MEDICAL EXAMINER	313	160-
	NAME (Type) / 1/8/ D/ V/3.	m,D.	DEPUTY MEDICAL EXAMINER	15	100,-
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY OR	CREMATORY 22d. LOCATION	(City, town, or county)	(Slote)
	BURIAL 3/3//60 0	ARDENN OF	FRITH BALTIN		
	A. TOTAL DIRECTOR DISTORTORE	ADDRESS	240. REC'D BY REGISTRAR	246. REGISTRAR'S SIGN	ATURE
	ULLRICH FUNERAL HOINE	- DUNDHU	P MD DATE APR 4 '60	arihun S. 1	Trans

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3652

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. (13()59

1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  o. STATE d.  b. COUNTY Baltimore
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest toyse)  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  X Parkville
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 7804 Old Harford Rd.	1 d. STREET ADDRESS 7804 Old Harford Rd  •. IS RESIDENCE ON A FARM? YES \( \text{VES} \( \text{NO} \)
3. NAME OF DECEASED (Type or print) MARTHA ELIZABETH	Williams A. DATE Month Day Year OF DEATH Men 19 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 1 SEX WIDOWED DIVORCED	Jan 16 1875 9. AGE (In years lost birthdead yes. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  USA  USA
13. FATHER'S NAME O Conrad Weisenborn	14. MOTHER'S MAIDEN NAME Elizabeth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT John H. Williams 7803 Elmhurst Ave.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Hero sclore to	c Cardio Vasular Disease interval between ONSET AND DEATH
Canditions, if any, which gave rise to Immediate cause (a), stating the underlying DUE TO (cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
CAUSE OF DEATH.	inter nature of injury in Part I or Part II of item 18.)
	CE OF INJURY (Home, farm, ory, street, affice bldg., etc.) 20f. (City or town) (Caunty) (State)
21. I certify that I took charge of the remains described abodeath resulted from: Paturol causes . Accident . Sui	ve, held an Autopsy, Inspection, Inquiry, ond find that cide, Homicide, Undetermined couse
EXAMINER'S NAME (Type)	_M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   OATE SIGNED  3 - 19 - 60
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BURIAL (Specify) 3-22-60 Moreland Me	0
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard J. Ruck 5305 Harford Rd.	DATEMAR 2 3 '60 Carthury S. Hauch

VS. A15ME(5) 5M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3033

#### **CERTIFICATE OF DEATH**

Reg. Dist. No. (131161)

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1. PLACE OF DEATH o. COUNTY	Baltimor	e Co	unty MARYLA		2. USUAL RESID o. STATE Mary]		ere deceased li	ved. If institut b. COUNTY		nce befo	ere admis	ision)
b. CITY OR TOWN RURAL ond give	(If outside carporate limi neorest town)	ts, write	c. LENGTH OF STAY IN	V 16	C. CITY OR TO Balti			e limits, write l	RURAL and	give ne	arest tow	n)
d. NAME OF HOS OR INSTITUTIO	PITAL (If nat in hospitol, g		oddress) sor Road		1 d. STREET AC 2530		sor Ro	ad	E S		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Mar		Middle Alice	9	Wils	on	4. DATE OF DEATH	Ma:	rch	8	у	Year 1960
5. SEX female	6. COLOR OR RACE  white	7. MARI	RIED NEVER MARRIED  ED DIVORCED		an. 24			AGE (In years last birthday) yrs.	Manths		IF UND Haurs	DER 24 HRS Min.
10a. USUAL OCCUPA during most of w Factor w	TION (Give kind of work orking life, even if retired orker	1	KIND OF BUSINESS OR Comp	INDUST	RY 11. BIRTHPLA		or foreign coun			U.S		COUNTRY
13. FATHER'S NAME	Andrew D. C	unni	ngham		14. MOTHER'S		AME Ruggl	es	7.39			
1S. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		ormant	Wils	on, 25		dsor	Roa	d	
Conditions, if gave rise to couse (o), stotic lying cause los	immediate DUE TO	)	Goron Hypen			ision					nkn	own_
20g. ACCIDENT	THER SIGNIFICANT CON		CRIBE HOW INJURY OCC						VEN IN PA	RT 1(a)	PERF	AUTOPSY ORMED?
	10	While			E OF INJURY (H			town)		(Caunty)		(State
ACTUAL SIGNATURE	ro. W. Mr	_, 196 ci 30		leath o	D. 40	9 A.	M, fram the ADDRESS (Street		nd on th	e date	state B//O	
22g. BURIAL, CREMAT	700, 226. DATE THEREO		22c. NAME OF CEMETE Parkwood					N (City, town,			(Sta	ite)
23. FUNERAL DIRECTO	owson, Inc.,	105	ADDRESS O York Road	1,Zo	ne 4	24a. REC'C	BY REGISTRA		ISTRAR'S S	IGNATU		

filed with director, by the funeral or ofter Then pleose

should be detached for use as t istror prior to burial, cremation, RAL DIRECTOR:

TO FOR VS A15 (4) 15M 9/5B

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3084 DEATH

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

03061

	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 7932 BELAIR RD #6	/d. STREET ADDRESS  O. IS RESIDENCE ON A FARM? YES   NO
	3. NAME OF DECEASED (Type or print) JOSZPHINE A. V	Last 4. DATE Month Day Year OF DEATH MARCH 23 1960
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.  WHITE WIDOWED DIVORCED	DATE OF BIRTH  9. AGE (In years let UNDER 1YEAR IF UNDER 24 HRS.  Nov 18, 1877  9. AGE (In years let UNDER 1YEAR IF UNDER 24 HRS.  Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE.	RY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  O. S.A.
	13. FATHER'S NAME  ONKHOWN ANGELE	BABETTE. UNKNOWN.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 198, no. or unknown)   III yes, give wor or doles of service)   10. DE	DOLE WOERNLE JR DRSILIERSFELD
	PART I. DEATH [Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	INTERVAL BETWEEN MONSET AND DEATH ONSET AND DE
	PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.  ZOC. TIME OF INJURY Month, Day, Yeor   20d. INJURY OCCURRED   20e. PLACE	NO TES NO TEST
	21. I certify that I took charge of the remains described about death resulted from: Natural couses . Accident . Suit ACTUAL SIGNATURE	
	EXAMINER'S NAME (Type)  220. BURIAL, CRMATION, Pab. DATE THEREOF REMOVAL (Specify)  226. DATE THEREOF PARK DOOD	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brace In Funeral Home To Below For	DATE MAR 2 8 '60 CALLAR & Kroun

VS. A15ME(5) 5M 9/55

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	000	0				Reg. Di	st. No.
1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLA	o. STATE	ENCE (Where d	b. C	institution: Residen	nce befare odmissian)
RURAL and give r	(If outside corporate limits, writeerest tawn) on SVILLE	c. LENGTH OF STAY IN	c. CITY OR TO		e corporate limits	, write RURAL and	3VO1.4
OR INSTITUTION		reet oddress) HOSPITAL	d. STREET AC	lazlett	Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Wohlmache		DATE OF DEATH	Manth March	25 Year 19 60
5. SEX male	1	ARRIED KNEVER MARRIED OWED DIVORCED	-0-1	3/5/73	9. AGE (I lost bir	rthdoy) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10o. USUAL OCCUPATI during mast af war Unichow	ON (Give kind of work done rking life, even if retired)	Comm. Ba	thoustry 11. BIRTHPLA		namy	,	IZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknow	n Geo. W.	ohlmache	Ji4. MOTHER'S Unkn		0		
S. WAS DECEASED EV (Yes, no. or unknown) UNKNOWN	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	Records:	SPRING	GROVE	Address STATE H	OSPITAL
	DUE TO	er line for (a), (b), ond (c).] emminal bronch ongestive hear					INTERVAL BETWEEN ONSET AND DEATH
gave rise to cause (a), stating lying cause lost.	the under-	Arteriosclero					TALL TO WAS AUTORSY
ICATIC	Car	rcinoma of the	prostate				PERFORMED? YES A NO
	G CAUSE OF DEATH	DESCRIBE HOW INJURY OCC	URRED. (Enter noture of	injury in Part I	or Port II of iten	n IB.)	
20c. TIME OF INJU Haur o. m. p. m.	w W	hile Not while work at work	De. PLACE OF INJURY (H foctary, street, affice	ome, farm, 20 bldg., etc.)	Of. (City ar town)	(1	Caunty) (State)
ACTUAL SIGNATURE	hat I attended the dec March 25 1 June La Bruno Radauska	260 , and that d	eath occurred at 2 M.D. SPRIN	1:30am, Adde G GROV	from the cau RESS (Street, city	ises and on the ar tawn, state) E HOSPIT	ast saw the deceased e date stated above DATE SIGNED AL 3-25-60
220. BURIAL, CREMATIC REMOVAL (Specify		22c. NAME OF CEMETE Baltin	ERY OR CREMATORY	22d.	LOCATION (City	, tawn, ar caunty)	(State)
23. FUNERAL DIRECTOR	2'S SIGNATURE	Appress 2		DAMAR 2 8		ab. REGISTRAR'S SI	

attending physician and camping please remave carban papers. permit. Then please remave in any event within 72 hours attending physician. permit. page 3 shauld be detached far use as the burial-transit priar ta burial, crematian, ar remaval, RAL DIRECTOR: After th by the haspit the registrar 

ITAL OR ATTENDING PHYSICIAN: The law

haurs after death. Page 4

requires that the death certificate be executed

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VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3500 CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Saltimore		MARYLAN	2.	USUAL RESIDENCE (WID. STATE Maryl	end	b. COUNTY		before admi	
b. CITY OR TOWN (	If outside corporate limi earest town)	ts, write	77 yrs.	X	Edgem		orate limits, write R	URAL and giv	e nearest tov	√n}
d. NAME OF HOSPI	TAL (If not in hospital, g	th A	ve nue	1	d. STREET ADDRESS 2650 Ma	sseth	Avenue			A FARM?
3. NAME OF DECEASED (Type or print)	Edith	st	Middle Krauk		Ziegler	4. DATE OF DEATH	March	- 100	Day	Yeor 19 60
5. SEX	6. COLOR OR RACE White	7. MARR	DIVORCED		te of Birth	882	9. AGE (In years last birthdoy) yrs.	Months D	YEAR IF UNI	7
10o. USUAL OCCUPATION during most of wor	ON (Give kind of work of king life even if cetired	done 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stote Maryla:		country)		S.A.	T COUNTRY
	red Krauk				Mary Fi					
15. WAS DECEASED EV	If yes, give way dollar of h			7. INFOR	Menta S	trast	augh 30		lmar	ave.
Conditions, if a gove rise to i couse (a), stoting lying couse lost.	mmediate the under-	Cer	Turrelioli	~ /	Heart &	Perer	. 7		5	ghis .
20g. ACCIDENT W			CRIBE HOW INJURY OCCU	TI				EN IN PART 1	PERF	ORMED?
(IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour o. m. p. m.	MEDICAL EXAMINER)	r 20d. In While of work	Not while	PLACE (	DF INJURY (Home, form street, office bldg., etc	n, 20f. (Cit	y or town)	(Cou	unty)	(State)
21. I certify the alive an	at lattended the	decease 19 m	/	ath acc	. 19 <u>50</u> , to ourred at <u>B</u> 4 5 20 D	M, fra	7 1965 m the causes a steet, city or town, Falls 19	nd an the	date sta	
220. BURIAL, CREMATIC BURIAL Specify			22c. NAME OF CEMETER More land				TION (City, town, o	1.	Md.	ote)
23. FUNERAL DIRECTOR	's SIGNATURE  Ouda 7922	Wise	ADDRESS	Md -		D BY REGIS		TRAR'S SIGN		